

Book of Abstracts

'CRITICAL PERSPECTIVES ON AND BEYOND "CHANGE" IN MENTAL
HEALTH SERVICES'

15 AND 16 NOVEMBER 2017

9th Annual Conference

Organised by

The School of Applied Social Studies

The Catherine McAuley School of Nursing and Midwifery

University College Cork, Ireland

In association with

The Critical Voices Network Ireland



INFORMATION ON VENUE:

The conference is held in the **Brookfield Health Science Complex (BHSC)** on College Road, Cork.

LOCAL RESTAURANTS:

Note: *Lunch/coffee/tea is not provided*, but is available on and close to the conference venues. The following list of restaurants and cafés may be of assistance.

Campus (Conference Venues)

1	Kylemore restaurant & café- Brookfield
2	Kylemore restaurant & café -Western Gateway Building
3	Kylemore restaurant Pharmacy Building College Road
4	Kylemore café Biosciences Building Aras na Laoi

Off Campus

1	Bagel Box, Castlewhite Apartments' entrance, Western Road
2	Mangos, at the entrance of Brookfield Village, College Road
3	Various other small 'eateries' (cafes, sandwich bars, pizzerias etc) along Victoria Cross, within 5 minutes' walk west from the Western Gateway Building

Book of Abstracts Lay Out

The Book of Abstracts is organised in chronological order starting with the keynote presentations of each day, followed by the concurrent sessions on that day. Details are provided on the venue, the presenter(s), the presentation title, presentation information and the presenter(s)' background, as provided by them.

Figures in brackets after the venue name e.g. **(60)** refer to the maximum number of people the concurrent presentations can accommodate. There is no pre-registration for the concurrent presentations, so if a session is full, please go to another one.

Key note presentations, with the respective presenters' consent, will be available a few weeks after the conference at www.cvni.ie, www.ucc.ie/en/nursingmidwifery/NewsEvents/ and www.ucc.ie/en/appsoc

WiFi Availability

If you are a university student or work at a university, you should be able to pick up eduroam on your WiFi setting (access by using the username and password assigned by your home institution). For those who do not have that option, a guest WiFi has been set up (this will work during the two conference days only):

Username: mhconf2018

Password: Hvw6ezkp

Acknowledgements

We wish to thank the following people for their support in making this conference possible: Professor Alastair Christie, Head of School of Applied Social Studies, Professor Eileen Savage, Head of School of Nursing and Midwifery, for their overall support; the Irish Institute of Mental Health Nursing for their generous donation; Collette Pettit and Breda Good, Buildings and Estates, for facilitating conference venues' bookings; Sheila Hedderman, Marina Delea, Laura Leahy (room bookings and administrative support), Tony Archer (Audio-Visual support), School of Nursing and Midwifery; Ger Mannix, Fionnuala O' Connor and Brian Stockdale, School of Applied Social Studies, for administrative support; Teresa O'Callaghan and staff, General Services, for general services support, Ryan Goulding for looking after the CVNI website and last, but not least, student help for assisting in various ways.

Enjoy the conference.

Harry Gijbels and Lydia Sapouna, Conference Organisers

Wednesday 15 November

Keynote Presentations

11.15-12.00 BHSC G02 *Keynote Presentation 1*

Jay Watts; *An Environmental Model of Mental Distress*

Despite decades of political, conceptual and empirical critique of psychiatric diagnosis, psychiatric classification systems remain pretty much unchanged. If anything, identity politics and social media have reinforced diagnostic categories, for they give some people access to help, identity, and a way of speaking about mental distress. This excludes other people who have found diagnoses oppressive, keeping everyone at war. I will argue that our focus needs to move from being pro or con diagnoses to an environmental approach to understanding mental distress that places pathology outside the individual in our collective responsibilities. Treatments like Open Dialogue and Psychotherapy work, after all, by altering the environment a person suffering inhabits, which can then come to enter the internal landscape given sufficient socio-economic means. I will pay special attention to the environmental insults inflicted on people given a diagnosis of 'borderline personality disorder', who are responded to with suspicion, fear, and sometimes loathing, and social justice issues. I will conclude by making some tentative suggestions about what we can do to change the environments we live in and work in to allow more space for healing, play and hope whilst continuing to try to tackle the environmental throttle that is neoliberalism.

Jay Watts is a consultant clinical psychologist, psychotherapist and activist who spends the majority of the week with clients. She identifies as a psychiatric survivor. Jay has written widely about neoliberalism and the politics around mental health, with bylines in the Guardian and Independent as well as the mainstream and critical academic journals. Jay is Honorary Senior Research Fellow at Queen Mary, University of London with visiting lectureships at several other universities. She is also on the editorial board of a number of psychotherapy journals, and foreign correspondent for the radical collective 'Mad in America'. Jay campaigns around the effects of structural inequalities and oppressions on mental health, and the misogyny inherent to the diagnostic category 'Borderline Personality Disorder'. She spends far too much time tweeting as @Shrink_at_Large.

12.00-12.45 BHSC G02 *Keynote Presentation 2*

Jolijn Santegoeds; *Stopping Coercion in Mental Health Care*

My personal experiences with forced psychiatry caused me to become an activist against coercion in mental health care. Forced interventions are not based on human rights, science or empathy. They indicate a deficiency in the provision of support. The UN Convention on the Rights of Persons with Disabilities (UN CRPD) calls for an absolute ban on forced interventions in mental health care. Supportive interventions need to be developed urgently to end the status quo. I will reflect on various steps from an international perspective. Challenges and opportunities arise in the development of coercion-free support, which I will illustrate with a practical example: The "Eindhoven model" of Family Group Conferencing for supported decision-making to identify desirable support options to prevent and overcome crisis situations.

Jolijn Santegoeds is a user/survivor of psychiatry, and founder of a protest group in the Netherlands called "Rage against Isolation!" (Tekeer tegen de isoleer!), which subsequently became an NGO called "Mind Rights". Jolijn's main activities are aimed at stimulating alternatives to forced treatments and the prevention of torture and ill-treatment in mental health care. Jolijn is more generally active at all levels from practical alternatives in mental health services to policymaking and United Nations expert sessions. She is a Board member of the European Network of (Ex-) Users and Survivors of Psychiatry (ENUSP), and also the Co-chair of the World Network of Users and Survivors of Psychiatry (WNUSP), which aims to secure the rights of persons with psychosocial disabilities everywhere around the world.

15.15-16.00 BHSC G02 Keynote Presentation 3

Iseult Twamley; *Reluctant Revolutionaries: "Changing from Within" Experiences of the Irish Open Dialogue Implementation*

Open Dialogue is a radically inclusive, recovery oriented method of mental health service delivery, developed by Jaakko Seikkula and colleagues in the western Lapland region of Finland. In its principles and practice, it prioritises the voice of the service user and their community, and the importance of dialogue as a central and healing force in mental health recovery. As a method of supporting people in distress, it offers hope for a new vision of mental health services. West Cork mental health services have been working with this approach since 2012. This presentation will discuss the emerging Irish research from the pilot dialogic project and from the "open dialogue clinic" on service user and staff experiences. Implementing this value based transparent and relational way of being with each other and our clients and their networks has been an incredible journey so far. Iseult will share the experiences of changing from within: both challenging ourselves and our practices, and challenging the existing established way to do mental health services. In line with Open Dialogue itself, Iseult will aim (!) to bring transparency, reflectivity and context, to share the story not the symptoms – and to open the way for more dialogue.

Dr Iseult Twamley is Senior Clinical Psychologist and Open Dialogue Clinical Lead for Cork/Kerry. Iseult has been involved with the Irish Open Dialogue project (clinical and research) since 2012 when she achieved a charitable grant from Genio. She is a trainer in Open Dialogue and has worked with teams in Ireland, the UK and Australia. She has a particular interest in critical perspectives in Mental Health & the contribution of peers and support networks, and is a founder member of the Irish Critical Psychology Network. Iseult is fuelled by a personal and professional conviction of the importance of dialogue, inclusivity and transparency in mental health. Iseult and the team welcome queries about their project to OpenDialogue.South@hse.ie

Wednesday 15 November Concurrent Presentations

10.00-10.45 *Concurrent Sessions A*

BHSC G04 (120) Paula Lowney, Mairead Connaughton, Niall O’Muirí; *Discover/Recover Theatre Project*

The Discover/Recover Theatre Project presents “A Face in the Crowd”. The real human experience of mental health difficulties, is all around us, but we often don’t see it. It is rarely spoken about and the details of the impact on individuals and families are rarely shared. This project through the sharing of sincere true life stories offers not only a rare glimpse into a hidden world, but also offers enlightenment and hope. Through partnerships between the Mental Health Services, the Wexford Mental Health Association, local schools and local theatre production the project has evolved to date. The model of the project is to invite participants to engage with the topic of mental health and suicide through the mediums of:

- Live drama performance
- Post-Performance Workshop facilitated by mental health professionals
- Project Booklet

We believe there is value in reaching out to other communities in Ireland, enabling people from all walks of life, young and old, to engage with the material. We feel the stories, the themes and learning opportunities are transferrable nationwide. The project has received national recognition and following adjudication by the Association of Occupational Therapists of Ireland and was the recipient of the prestigious Ann Beckett Award 2016. The adjudicators were impressed by the life changing and even lifesaving aspects of the project. The project has received national funding from HSE National Office for Mental Health Engagement, ESB Funds for Generations and National Lottery Funding to enable the project to reach into Wexford, Carlow and to be part of the First Fortnight Festival in Dublin. The presentation contains video extracts from the play, video extracts from story tellers’ reflections on experience of being involved, general public reactions and also video of the school student sharing her experience.

Paula Lowney; B.Sc. Occupational Therapy –Trinity College Dublin, Senior Occupational Therapist Wexford/Waterford Mental Health Services. Member of Board of Directors, Wexford Mental Health Association. More than 10 years’ experience with delivery of occupational therapy services and coordinating and delivering community orientated mental health initiatives. Recently took up a post as a Project Lead for the Service Reform Fund CHO5 Mental Health Services. Contact: paula.lowney@hse.ie 087 2754752

Mairead Connaughton; B.Sc. Occupational Therapy –Trinity College Dublin, Acting Senior Occupational Therapist Wexford/Waterford Mental Health Services. Currently based in Tara House Mental Health Day Hospital, Gorey, Wexford. Over 5 years’ experience with delivery of occupational therapy services and coordinating and delivering community orientated mental health initiatives. Recognised by awards on the amateur drama circuit and has successfully incorporated this experience into her work within mental health services. Contact: mairead.connaughton@hse.ie 086 3889384

Niall O’Muirí; RPN RGN B.Sc. Nursing Studies- Waterford Institute of Technology, Retired Community Psychiatric Nurse Wexford/Waterford Mental Health Services. Member of Board of Directors, Wexford Mental Health Association. 35 years’ experience in various mental health settings including 15 years as a community psychiatric nurse and experienced in numerous mental health related community projects. Contact: niallomuirí@hotmail.com 087 6805816

BHSC G05 (120) Dina Poursanidou; "Whose Side Am I On?" Survivor Research in Mental Health as Partisanship?

In this workshop, I will draw on my experience of conducting an ethnographic process evaluation of a Quality Improvement (QI) programme on mental health wards to reflect on and discuss crucial methodological, ethical and political dilemmas associated with doing service user-led critical ethnographic research in the field of Quality Improvement in inpatient mental health services. The QI programme evaluated aimed at reducing violence and aggression, improving safety, as well as introducing changes in professional practice and wider ward culture on inpatient units in two different NHS Mental Health Trusts in England. The workshop will seek to interrogate a number of questions:

- i) How to reconcile the political and ethical standpoint of being an 'engaged' (service user) researcher and an ally of service users on fieldwork wards with the need to be dispassionate, detached and critically distant in ethnographic research work?
- ii) How to be open to different voices and experiences and suspend judgement in the ethnographic field, as well as problematise one's lived experience and experiential knowledge of inpatient mental health care, whilst at the same time troubling key assumptions underlying Quality Improvement initiatives addressing 'patient safety', and pushing methodological, ethical and power/knowledge boundaries in the process of researching inpatient mental health services?
- iii) How to manage the acute sense of powerlessness of merely observing often coercive and unjust mental health staff practice, or merely listening to often horrific service users' stories of abuse and neglect as an ethnographer, when one is strongly committed to social justice in mental health care and to 'an ethics of care' in mental health research?
- iv) How to negotiate – as a service user researcher- one's ethical and political struggle with the dominance of the biomedical psychiatry model of 'mental illness' and of the diagnostically driven language in inpatient mental health services according to which service users' distressed talk is dismissed as 'meaningless delusions' rather than something to derive meaning from in the context of people's lives?
- v) How to use one's experiential knowledge of coercive/violent staff practices in acute inpatient care constructively in one's ethnographic research work – without being overwhelmed by the emotions associated with this knowledge, i.e. anger, grief and terror?
- vi) How can one manage the emotional labour and profound emotional cost implicated in using one's subjectivity and lived experience of mental health services as 'an instrument of knowing' and understanding in the process of researching inpatient mental health care?

Dina Poursanidou; I have a background in psychology and education and have been a University-based social science researcher since 2000. My doctoral and postdoctoral research has spanned a range of fields, such as mental health, education, child health, youth justice, and social policy/social welfare. I started using mental health services in 2008. I had my first major mental health crisis in 1991 when I was studying for a Master's degree, and a second very severe and enduring mental health crisis between July 2008 and June 2010 which resulted in a 3-month long detention under a Mental Health Act Section in an acute psychiatric ward, as well as in a 2-year period of unemployment. Following this crisis, I worked in two Universities in the north of England as a Service User Researcher. Currently, I am working at the Service User Research Enterprise (SURE) in the Institute of Psychiatry, Psychology and Neuroscience at King's College London. I have a 3-year Post-Doctoral Research Fellowship and I am carrying out a process evaluation of a violence reduction programme on inpatient psychiatric wards using a critical ethnographic approach. Since 2010 I have been involved in mental health politics and I am a member of the *Asylum* magazine editorial collective– *Asylum, the magazine for democratic psychiatry*, provides an open forum for critical reflection and discussion of mental health issues.

BHSC 1.01 (70) Grace Slattery; A Change of Voice

Dialectic Behavioural Therapy (DBT) is a modified form of cognitive behavioural therapy that was developed in the 1980s by Marsha Linehan to treat clients with borderline personality disorder and chronically suicidal individuals. Having been diagnosed with borderline personality disorder I was fortunate enough to part take

in this year-long program. Since then I have used the DBT framework to engage with my voices. This is my story.

Grace Slattery is an expert by experience and is currently focused on learning to accept her voices. She has attended training days with Rachel Waddingham, Peter Bullimore and Rufus May, all strong voices in the voice hearing movement and is learning to relate these perspectives to her own story.

BHSC 1.04 (30) Caroline Murphy; *The Friday Club Happy Feet Walking Group*

The Friday Club Happy Feet Walking Group (TFCHFVG) was established as an open inclusive community group that focused on both mental and physical wellbeing. The group was established in 2016 and has been very well received by the local community in West Cork. The primary goal of the group was to increase social inclusion, break down barriers in relation to stigma. The TFCHFVG is a co-productive open group. The group is a recovery orientated project that focuses on strengths, strives to develop positive relationships, inspires hope using respectful communication with a primary focus on mental wellbeing. Service users of the West Cork Mental health services are informed of the walks by multidisciplinary team members. The group was started by two community based mental health nurses who trained as Heart Foundation Walking Leaders. The group meets on the last Friday of the month with walks varying in lengths from 1.5 hours to 2 hours all fitness levels are catered for and welcomed, after the walks free refreshments are provided to the group this is funded by the HSE. There is a yearly timetable of walks made out in advance in various areas of west Cork transport is provided for those who require it. The group advertises locally and has between 40-50 on average participants for each walk. The local community has really come on board with this project and this reflected in the high numbers of participants each month. The TFCHFVG has linked in and collaborated with other agencies such as intellectual disability services, Rehabcare, NLN, retirement groups, local historians, carers, service users and members of the local community. TFCHFVG plans to link and work with other walking groups that focus on the benefits of exercise for mental health wellbeing. The group also hopes to expand the number of walks and to increase the walking timetable in coproduction with members and in, response to the positive reaction from the local community

Caroline Murphy; Graduated from the BSC degree programme in UCC in 2008. Worked as a staff nurse in the West Cork Mental Health Services 2008-2010. 2010-2012 worked a staff nurse in the CAMHs in patient unit Eistlinn. 2012- Present Day Works as a Community Mental Health Staff Nurse in West Cork. 2017 Completed a Post Graduate Diploma in Cognitive Behavioural Psychotherapy at UCC.

Published Posters:

- 2015 The Friday Club Social Group displayed at Trinity College for the Irish Institute of Mental Health Nursing conference
- 2017 The Friday Club Happy Feet walking Group displayed at UCD for the Irish institute of Mental Health Nursing conference

BHSC 1.21 (70) Emma Farrell; *The Lived Experience of Service Use: Worldviews, Wreckage and Reconstituting a Sense of Wholeness*

An illness is a major disruption to one's biography. When the body is assaulted by a serious illness, one's sense of wholeness, on which a sense of order rides, disintegrates. One must reconstitute that sense of wholeness in order to regain a sense of continuity (Becker, 1997, p.39).

Although describing the impact of physical illnesses such as cancer and AIDS, Becker's quote applies as much, if not more so, to the 'assault' a crisis or experience of psychological distress has on a person's sense of wholeness, their sense of themselves. It is to services that we most frequently turn in the aftermath of such an assault. This presentation outlines the role of services in supporting people experiencing psychological distress reconstitute a sense of wholeness. Beginning with an historical overview of the origins of the 'service model' (Goffman 1961, p.305), it examines the mechanistic worldview (Pepper, 1942) from which this model stems and critiques the suitability of this model when applied to human suffering. Drawing

on almost 1000 pages of data generated over 38 hours of in-depth conversation with 27 individuals with lived experiences of mental health difficulties, this presentation then considers the role of services in supporting people to make sense of and 'move on' from moments of psychological crisis and/or despair. It concludes with a discussion on the factors that appear to determine the effectiveness of services and sheds light on those elements that support an individual in reconstituting a sense of wholeness.

Dr. Emma Farrell is a Visiting Research Fellow at the School of Education Trinity College Dublin. She has more than 10 years' experience working in youth mental health and her research interests lie in the area of hermeneutic phenomenology, the lived experience of mental health, meaning, and the ontological and epistemological premises underpinning our conceptualisation of mental health.

BHSC 1.22 (70) Jane Mulcahy; *Mental Health in the Prison Context: Challenges and Opportunities*

This paper will discuss the recent commitment to interagency working of the Irish Prison Service (IPS) and Probation Service, e.g. *Joint Irish Prison Service and Probation Service Strategic Plan 2015-2017* and the Joint Agency Response to Crime (J-ARC) and the renewed shift towards rehabilitation, sentence planning and resettlement due to reduced numbers and different management ethos and priorities. Any humane prison system that counts among its goals the promotion of dignity, wellbeing and human rights of prisoners must strive on a daily basis to the enhance the benign impact that imprisonment might have on people and minimise what Maruna and Toch refer to as the malignant or "desistance-degrading" effects. In this paper, I will discuss issues relating to mental health in the prison population and the critical role that mental health services including psychologists, psychiatrists and psychiatric nurses should play in Irish prisons as part of multi-disciplinary teams, where the focus must at all times be on the best interests of the individual prisoner and working constructively with other prison-based service providers and community partners to enhance outcomes during prison and beyond.

Jane Mulcahy; Irish Research Council funded PhD scholar in Law at UCC, with co-funding from the Probation Service. Employment partner is the Cork Alliance Centre, a desistance project in Cork City.

BHSC 2.42 (30) Bryan McElroy; *How Can Change Happen?*

I hope to paint a broad picture of how I see current practice regarding mental health provision from the context of general practice. Systematic diagnosing and subsequent anti- depressant and anti-psychotic prescribing continues to predominate when people present to their doctors in distress throughout Ireland, the UK and worldwide. I hope to illustrate why this happens as a standard practice- based on my own medical/ GP / Hearing Voices facilitator education and working with and speaking with a number of people with lived experience of the system. I will then open a discussion regarding the possibility of change. How can we change? What can we do to initiate change? I would appreciate input from a variety of sources/backgrounds.

Bryan McElroy; GP with interest in mental health and attendance at >5 CVNI conferences, broad reading of literature and > 2 years' experience in general practice, 6 months working as a psychiatry senior house officer. Hearing voices group facilitator. Facilitator of an understanding of how human being create experience known as 'three principles' and graduate of the school of the 'The Work' of Byron Katie. Enjoys dance, communing in nature, animals and Alexander Technique. Further info: www.bryanmcelroygp.com

BHSC 3.03 (30) Denise O'Carroll; *Embracing the Inner Critical Voice Through Poetry: Writing in Recovery, a Poetic Journey*

I would like to explore writing as a compassionate and creative pathway for recovery in mental health. Presenting from personal experience I have discovered that writing poetry greatly enables one to understand and express their emotions. Writing allows often-suppressed emotions and feelings to emerge,

which can allow therapy to function at a deeper level of understanding. It can provide insight into mental health difficulties helping direct recovery in a client-centred approach. I developed the ability to write through completing a Mindfulness Based Stress Reduction (MBSR) 8-week course. This provided me with the tools to check in with my body and it's many afflictions. I found the practice of mindfulness a very different way to manage my depression. I have continued to practice mindfulness over the past 7 years. Following the programme devised by Kabat Zinn MBSR (1979), which I completed through my engagement with mental health services in Ravenscourt, I developed a great understanding of all aspects of my being. The programme requires daily practice, which I found life changing in my recovery and outlook on life. Last year I began to write poetry. The years of depression and many other difficult life struggles began to flow onto paper. I became more aware of my inner critical voice; its struggles, pain and fear. Its concerns vulnerability and sadness; its hope and fragility. And I listened and wrote. My critical voice was heard through the stillness of mindfulness practice. Writing can provide a sense of understanding and acceptance of difficulties in life. It can also allow one to record the joy and positivity in life. I would like to present writing as form of expression of voice, which can embody and nurture compassion in one's journey in life. I would like to do brief presentation and then provide poetry for discussion and review.

Denise O'Carroll; I'm 46 years old. I am married with two children 12 and 15. I am currently studying Mindfulness based research PG Diploma in UCC. I have practiced mindfulness with the past 7 years. I am a service user; I have managed depression from my teens. Medication has been beneficial in regulating my mental health but since being introduced to mindfulness, I have discovered it is a very different way to manage and understand my depression. I started writing poetry last year. I find it helps process the many hidden elusive emotions and provides concrete words and feelings to emerge and work with. Writing with mindful awareness has given me a form of expression and wellness, which I hope to investigate further in my research in the second year of my diploma.

14.00-14.45 Concurrent Sessions B

BHSC G02 (250) Liam MacGabhann; *Moving from Rhetoric and Positioning to Trauma Informed Practice*

Increasingly the international literature and mental health policy is recognising and urging a response to trauma as a matter of course in mental health services provision (SAMHSA 2014; Muskett 2014). Whilst Trauma Informed Practice/Care is becoming a regular discourse in the mental health arena (Sweeney et al. 2016), it is not too long ago that 'Recovery' discourse permeated the same arena. Whether recovery orientated practice has been embedded in mental health services and practice has not yet been determined. This presentation initially poses the potential dilemma that as we may once again change the central language, e.g. now to 'Trauma Informed Practice' within mental health policy and service provision, we may also run the risk again of not walking the talk! Already professional disciplines are setting out their stalls and taking positions (e.g. IIMHN, 2017) with policy documents in Ireland following suit. A cultural shift in services that have for generations engrained the idea that non-specialist practitioners should not engage with 'trauma' and generally denied the evidence that the majority of people diagnosed with mental illness have post-traumatic stress related conditions (Elliot et al. 2005) is not easy. Remembering lessons learnt from the great Recovery Discourse, the presentation will explore practical implication of *actually* practicing in a trauma informed way and how in *practice* this might translate for mental health service users and practitioners.

Liam MacGabhann works in the School of Nursing and Human Sciences at Dublin City University. He is an associate professor, mental health practitioner and community activist. Along with a wide group of colleagues and community members his main programme of research and practice development focuses on '*Transforming Dialogues in Mental Health Communities*'. Much of this work centres around people reconciling their own experiences, perceptions and practices with other people/groups associated with mental health and using different approaches to improve these at individual, group, organisational and community level. Examples of relevant areas include; where people have extraordinary experiences and

beliefs; when people are disenfranchised by society and community; and in the area of Trauma and responses to traumatic events. Approaches include cooperative learning, participative action, open dialogue, trialogue and systemic family constellations work. Drawing on experiences from ongoing research & development and his practitioner education & experience, Liam facilitates workshops on service/team development, creating open dialogue around contentious issues, trauma and people's response to trauma and systemic family constellations work. Presently some of his active research and development includes dual diagnosis, emancipatory recovery, trauma, spirituality, extraordinary experiences, community trialogue and tripartite capacity building in mental health services.

BHSC G06 (120) Brendan O'Brien; *Suicide and the Family Soul - A Constellations Lens*

For over three years now Family Constellations Ireland has been studying suicide using a Family Constellations lens. We have run workshops in Cork, Waterford and Limerick for people bereaved by suicide. All workshops have been audio-recorded and analysed in the hope of understanding suicide in a more meaningful way. In 2016 Brendan did an MA by Research on his findings regarding suicide and suicidal behaviour. Family Constellations involves a systemic approach to looking at difficulties that arise in families and other relational systems. As a therapeutic method it has spread over the last thirty years and has a wide following across a variety of disciplines including mental health and education, in different cultural settings in all five continents. A family constellation is a single therapeutic event where people look at some difficult event/experience/issue that is of concern to themselves or to their family. This normally happens in a group situation led by a facilitator trained in family constellations methodology. Core concepts of constellation work include "The Orders of Love" (Hellinger 1998, 2006) which suggest that It is helpful in a family when parents give, and children receive, when everybody has a place, and nobody is excluded unfairly, when there is a good balance between giving and taking, when those who come first into the system have priority over those who come later. Often, in a family, things are out of order as children and others carry pain that belongs in a previous generation. The presentation - which will include the use of dolls, a hanging mobile and a short PowerPoint presentation - will explore suicide and suicidal behaviour in the hope of helping us understand better a phenomenon that has devastated families and communities across the Globe. The consequences of traumatic events in families need not be carried from one generation to the next. We can help families "hand back" what belongs in the past. Most of all we can help children. This is different!

Brendan O'Brien is an accredited psychotherapist who was a teacher and Home/School Coordinator for 25 years. He then worked for ten years as a School Principal in Special Ed with young people who, for a variety of reasons were excluded from mainstream education. He was involved in setting up a number of youth and education initiatives in Cork city. He has lectured on the Psychotherapy Course in CIT for fifteen years. He works as a trainer and facilitator for The Social and Health Education Project. He has also worked on a voluntary basis with young men in recovery from addiction who have spent time in prison. He served for four years as the Vice-President of the International Systemic Constellations Association and runs Family Constellations Workshops in Cork, Dublin, Limerick, Waterford and Kerry.
www.familyconstellationsireland.com

BHSC 1.21 (70) Lani O'Hanlon; *When Words Are Not Enough, a Gentle Movement Workshop*

When we experience distress and trauma in childhood and even later, we experience it through the sensing, sensitive body. Sometimes we have no words for that, and often no story, we become overwhelmed by the distress in our bodies, trying to think and talk our way through it. Having worked with embodied, spontaneous movement for over twenty-five years, I have witnessed the body make sense of things that the head could not. Working with the sensating body, makes us equal, there are no long names and labels for our distress, we listen to the animal body, as it tries to flee, fight, or freeze. With guidance, we learn how to move in a safe and contained way, beginning to separate out - thoughts, inner voices, emotions and physical sensations, grounding these sensations through movement - in muscle, bone and sinew, finding stability and balance on our feet, and on the ground, and gaining confidence, we begin to take charge of

our own system, from within. People have always used, music, dance and voice to gain strength and courage to change the system, building the rhythm, gaining ground, as they did in Africa, so many of them dancing, they could not be stopped.

Lani O' Hanlon; From a theatrical family Lani O' Hanlon is an experienced, movement artist/therapist/teacher, writer, published poet and author of *Dancing the Rainbow-Holistic Well-Being through Movement* (Mercier Press 2007). She began working with movement in the 90's as a way to cope with her own physical, emotional and psychological distress. With yoga teacher and artist, Antoinette Spillane, she developed workshops and training programmes where participants could subtly explore, research, heal and create through the mediums of movement/yoga, sacred dance, meditation, voice, drumming, colour therapy, art and creative writing. Lani is a member of the Laban Guild for Movement and Dance and has recently completed an MA in creative writing with Lancaster University. She is currently working as a creative and holistic arts facilitator with Waterford City and County Council, The Molly Keane Writers Retreat, Ardmore, and the Waterford Healing Arts Trust in the Dept. of Psychiatry, Waterford University Hospital.

BHSC 1.22 (70) Sharon Ní Chuilibín; *Introducing Kundalini Yoga, an Evidence-based Yoga Intervention for Post-Traumatic Stress Disorder (PTSD)*

Through the science of Kundalini Yoga and Meditation, we can all learn how to correct imbalances and support our own natural inbuilt self-healing mechanisms. Having a body based approach in facing psychological challenges and practicing as part of a group allows individuals to feel part of a supportive community with a definite trajectory of personal growth and healing in contrast to previous experiences of perhaps feeling stigmatised. Participants can feel empowered and in control of their own healing – they can grow in confidence and self-care. Having this locus of control is important especially for those experiencing Post Traumatic Stress. Being present in the here and now can be difficult for those of us who have experienced trauma. We live our lives through the lens of the past. The work of Dr. Bessel Van der Kolk (author of *The Body Keeps the Score*) and others has described the physical and neurological impact of trauma in the body. Yoga and Meditation works to readjust the brain and the flow of energy within the body such that we become more able to focus our minds, break habitual negative thought patterns, and become “present”. In this practical work-shop I will introduce the technology of Kundalini Yoga and Meditation, and explain how it is being used to support those experiencing mental distress, depression or Post Traumatic Stress Disorder. I will introduce simple breathing techniques, and a special Kundalini Yoga set called “Elementary Adjustment of the Brain” which is a key element of the yoga therapy programme for Post-Traumatic Stress Disorder.

Participants are asked to please wear loose / comfortable clothing and not to eat for an hour before the workshop. While I do supply yoga mats people may also participate while sitting on a chair.

Sharon Ní Chuilibín is a mother, author, magazine editor, free-lance journalist, artist, musician and teacher of Kundalini Yoga and Meditation to adults, teens and children throughout Ireland. She is a Level 1 instructor of Kundalini Yoga and Meditation, a Radiant Child certified teacher, and has also completed training to deliver a trauma sensitive yoga programme. She has a BA in Fine Art and History of Art from NCAD, an MA in Ethnomusicology from UCC and a Diploma in Irish from Olscoil Gallimh. Healing in a broad sense also involves a reconnection to our creativity, our culture and the natural world of which we are part – ours is a world of fragmentation: we need a vision of wholeness and to experience our infinity.

www.naturalhealingcommunity.com

BHSC 2.25 (50) Orla O’Muirí, Paula Lowney & Niall O’Muirí; *“Keepers”*

This video documentary entitled “Keepers” created by Orla O’Muirí, captures the narratives of psychiatric nurses reflecting on their experiences of working in institutions and the moving the community based care model. It is unique in the sense that it captures the how the system impacted on the individual experience

etc and highlights in a very gentle way the potential for trauma amongst staff members who work or have working in these setting. The video will be shown followed by a few reflective questions and current statistics. It has the potential to open up the conversation around vulnerability of staff in the mental health services and the lack of supports/supervision to maintain wellbeing... Having done some recent multi stakeholder research into the need for Reform of the Mental Health Service as part of the Service Reform Fund Project Team CHO5 this is an emerging theme across all stakeholder groups alike, service users, family member and staff and the video is a very creative and safe way to probe at the issue.

Orla O'Muirí; BA Journalism, Advanced Diploma – Video Production, currently working freelance for Outsider Magazine. Contact: 085-1418940 orlaomuirifcj@hotmail.com
Web: www.orlaomuiri.com
Social: @orlaomuirí

Paula Lowney; biography in page 4

Niall O'Muirí; biography in page 4

BHSC 3.01 (40) Bernardine McManus; *The Cartesian Body Mind Dilemma of the Health System*

Based on the work of Peter Levine (Somatic Experiencing), Stephen Porges (The Polyvagal Theory), Larry Heller (NARM) and Alfred Wolfsohn (Voice) I will present how educating a person, and mothers in particular, supports mental health. Knowing how the body and mind work together to achieve homeostasis offers knowledge and resources to adapt to the challenges of life. Using the breath and voice in a mindful way can be 'tools' that a person can learn in a short period of time to support self-regulation. This is empowering. When the body stays regulated then our emotions and thoughts are calmer and more balanced. This in turn supports our ability to communicate our needs and listen to another's needs which supports relationships and co-regulation. An essential part of early development is regulation of the baby's nervous system by the primary carer. During the time in the womb and after, this is mainly the mother. Therefore, the mother's own ability to self-regulate is essential. An important skill for a mother is being able to respond to her own bodily responses to the external environment and internal environment (temperature, hunger, etc. but also thoughts, beliefs, emotions etc.). Her voice is one of the first sounds the baby hears and is sensorially connected to the safety of the womb experience. Vocalising and singing helps to calm both mother and baby and can potentially reduce the unavoidable traumas of early life. The workshop will involve a short mindful meditation, a brief explanation of how trauma effects the nervous system and some breathing and voice practises which can be used to self-regulate.

Bernardine McManus, BADth, SEP, MPhil Bernardine worked for years in health, education and community projects with youth and adults before training as a Drama therapist in 1995. She also has training in dance, voice, massage, breathwork and yoga which she integrates into her work depending on the individual's unique experience and needs. She completed her training in SE in 2015 and is currently training in Larry Heller's NARM work which has a focus on developmental trauma. A personal interest is transgenerational trauma and its impact on the individual, family and society. Her work aims to empower a person using psycho-education re the nervous system together with experience of how their mind and body work together for health. Email; bmcmanus@tcd.ie

BSHC 3.02 (40) Mary Maddock; *Beyond 'Change' in the Mental Health Services*

We continue to be beyond 'change' in the so called 'mental health' services because:

1. The inherent human rights abuses which are part and parcel of most of these services.
2. Because all who avail of these services are medically diagnosed with diseases/disorders which have not been established scientifically.
3. Because there is no biological test available to establish that people who display 'psychiatric' symptoms have medical problems.

4. Because the 'mental health' services still act as if medical solutions can do more good than harm, they are top heavy with psychotropic drugs as an answer and still resort to electroshock when the drugs don't work.
5. Because human distress is viewed as something as avoidable when it is part of our human existence.
6. Because cultural in general avoids distress while it ignores those who need compassion and understanding in troubled times.

We will continue to be beyond 'change' because our 'mental health' services only exist because there is no freedom, equality, truth, justice or human rights in the 'mental health' system.

MindFreedom Ireland was founded in 2003 by Mary and Jim Maddock. It is affiliated to MindFreedom International and with them campaigns for a peaceful revolution in the current 'mental health' system. It opposes forced treatment of any kind and encourages viable alternatives. It strongly against the violation of human rights inherent in 'mental health' legislation. www.mindfreedomireland.com

16.15-17.00 Concurrent Sessions C

BHSC G01 (250) Aaron Roberts; *Understanding Suicide and Life: Making Sense Through the Words of Suicide Attempt Survivors*

"you cannot hope to understand any human experience, not just suicidality, if you ignore what it means to those who live those experiences. And for this you need to hear directly from those who have the lived experience"
(Sheean & Webb, 2010)

The study of suicide is characterised by its use of traditional, positivist, scientific methods to elucidate risk factors and develop prevention strategies. Consequently, the personal accounts of those who have lived such experiences have been largely neglected. Further, a primary focus on the prevention of death has arguably led to a neglect of attempting to understand the experience of *life* for those who have had such experiences. A particular area of importance, therefore, is attempting to understand the experiences of those who have survived a suicide attempt. Such a focus may help to learn about life afterwards, how 'healing' occurs, and the role of mental health services. Through the presentation of my doctoral research, based on interviews with people who had survived a suicide attempt, and with reference to the discipline of critical suicidology, I will consider possible changes to current practices. I will emphasise the importance of a person's freedom to make sense of their experiences free of imposed psy- frames of reference, developing services and practices that fit unique individuals (rather than vice versa), and the importance of the wider social context. I will offer my own reflections on working as a clinical psychologist and open a wider discussion for a deeper exploration of these topics.

Dr Aaron Roberts works as a clinical psychologist in the National Health Service (NHS) in South East London. He works with adults in the community and at an acute inpatient service. His doctoral research was on the topic of understanding the experiences of life after surviving a suicide attempt. He has an interest in psychoanalytic and critical/community approaches to understanding distress. The service user/refuser/survivor movement is an important part of his thinking and approach in 'clinical' practice.

BHSC G06 (120) Sue Philips & Sally Smith; *PDIntheBin: Borderline Personality Disorder or Bullshit Psychiatric Diagnosis? It's time to stop labelling survivors of trauma and oppression as having disordered personalities*

We will critique the validity of borderline personality disorder as a diagnosis. Many experience it as an oppressive and misogynistic label that leads to abuse and neglect from services. Most people with this dx have experienced childhood abuse and feel they are being blamed for their distress. We argue that through this dx psychiatry perpetuates the power imbalances and inequalities in society that provide an environment where the crimes of child abuse, sexual violence and rape to continue to increase largely unchallenged and unpunished by society.

"Ultimately, the diagnosis of BPD itself offers aetiological closure, severing the causal link with trauma and abuse. The woman is now distressed (and 'difficult') because she has BPD, rather than the behaviours associated with BPD being the result of oppression and abuse."

(Shaw & Proctor: Women at the Margins)

Individuals labelled BPD have been described as the patients that psychiatrist "love to hate", with efforts to seek help from services often disregarded with accusations of attention seeking and manipulative behaviour. They describe their distress as either being met with coercion and control or totally dismissed. 8-10% of this group will complete suicide. Diagnostic overshadowing with this group of people is sadly so common it has become the norm. We believe BPD labelling is directly linked to suicide, abuse and negligence. Over recent years there have been many reports in the media of suicides by those labelled with BPD. We will include some of their stories so their 'silenced' voices continue to be heard.

Personality Disorder in the Bin; The UK based Facebook group Personality Disorder in the Bin was set up in 2014 by current and past service users and their allies concerned about their experiences of the diagnosis. It includes survivor researchers as well as people with experiences of service abuse and neglect due to receiving the diagnosis. We want the diagnosis to be abolished. Many group members have shared their experiences to inform the discussion and to collaborate in the creation of this workshop.

BHSC G10 (150) Jhilmil Breckenridge; *Mental Health Approaches through the Arts, Fostering Understanding through a Trauma Lens*

Better mental health services are needed more so with the increased awareness of global mental health. With poor countries also waking up to the epidemic of depression, anxiety and more, and the risk of dumping psychiatric drugs and treatments on populations that may not have experienced these, the time is right to start thinking of arts based therapies to healing temporary altered mental states. I want to explore poetry, art and bodywork as healing therapies and will present on those. In addition, the whole psychiatric approach to chemical imbalance in the brain and medication for life theories need challenging. It is important to see examine mental illness through a trauma informed approach — what may have happened to create this temporary chemical imbalance and how healing trauma is an essential part in moving towards recovery. The use of bodywork and yoga in healing trauma to be explored.

Jhilmil Breckenridge is a poet, writer and activist passionate about the issues of mental health, and using the arts to heal. She is the Founder of Bhor Foundation, a small not for profit in New Delhi, India, which is active in mental health advocacy and using poetry as therapy. Jhilmil is currently working on her PhD in the UK. Jhilmil identifies as a survivor of psychiatry and is very active in the fields of changing the way we look at mental illness, that medication is not the only way to heal, and how forced incarceration is brutal and unlawful. jhilmilbreckenridge@gmail.com

BHSC 1.01 (70) Adrienne Adams, Nuala Kenny, Aidan O'Mahony, Ann-Marie Hohmann, Marguerite O'Rourke, Iseult Twamley; *Implementing Open Dialogue in Ireland: Questions not Answers*

Open Dialogue is a radically inclusive, recovery oriented method of mental health service delivery, developed by Jaakko Seikkula and colleagues in the western Lapland region of Finland. In its principles and practice, it prioritises the voice of the service user and their community, and the importance of dialogue as a central and healing force in mental health recovery. As a method of supporting people in distress, it offers hope for a new vision of mental health services. West Cork mental health services have been working with this approach since 2012. Over 30 members of staff and partners from National Learning Network have participated in training and changed practices, and over time this has led to changes in our clinical work and system. In this workshop we will have an open and reflective conversation between staff and service users of the Open Dialogue "clinic" in Bantry, on the idea of changing mental health services. Open Dialogue emphasises bringing all the voices into the room. In that spirit this workshop will include the voices of service users, network members, staff and workshop participants. We hope to explore: How do individuals and families experience this "changed" approach? How do the principles of open dialogue change what

happens in the room for both service users, network members and staff? Staff will also speak about their experiences – positive and challenging – of changing their clinical practice and habits. We will also consider – was this change worth it? What further changes might we consider?

Dr Iseult Twamley; biography in page 3

Adrienne Adams; (RGN.RMN. RP.MSC of Systemic Family Psychotherapy) commenced her Nursing career in 1989. Adrienne gained her mental health experience in the Maudsley Hospital, London for two years. In 1996 she returned to Ireland and worked as a staff nurse in St Stevens Hospital Cork before joining the West Cork Mental Health Services in 1997. In 2000 Adrienne was involved in setting up the first Primary care Liaison Mental Health Nursing post in Ireland. She successfully developed this post to an Advance Nurse Practitioner post in Mental Health in Primary Care. Currently she is involved in setting up the First Open Dialogue Clinic in Bantry, with her colleagues Iseult Twamley, Senior Psychologist. Her interest in Open Dialogue comes from work as a systemic therapist and her strong belief that family and social Network are key to recovery. She goes by the Motto “Nothing about me without me”.

Aidan O’Mahony began working with National Learning Network in 2000 as a Rehabilitative Training Instructor working with a broad spectrum of abilities. 2006 saw the start of the Home Focus initiative which is a recovery based mental health programme, working with individuals in their homes or community. The team work with individuals primarily and like to create contacts and context with organisations in the community. Aidan has been involved with the Open Dialogue implementation since 2014 and has been part of the clinic since 2015. What motivates Aidan is working with people to take responsibility for their own mental health.

Ann-Marie Hohmann is a Senior Occupational Therapist who has been working in mental health services since 2000. Since commencing work in West Cork Mental Health Services in 2006 she has been supporting individuals towards empowerment and engagement in the day-to-day living of their own lives. A passion for personal stories led her to self-publish her book *Of Constant Heart: Conversations with Wise women*, in Ireland. She has been working in the Open Dialogue clinic since it commenced in Sept 2015 and in the last year has taken up the role of Operations Lead for the Open Dialogue project. She is currently training with Open Dialogue UK. With three young daughters she feels that she is in a daily 'masterclass' in the Open Dialogue principles of “tolerating uncertainty” and inviting “polyphony”!

Marguerite O’Rourke began working with West Cork Mental Health Services in 2008 as a social worker. Working as part of a multidisciplinary team, she engages with individuals and families in their homes and communities, supporting them in getting their need met. Marguerite has been involved with the Open Dialogue since 2015, and has been part of the clinic since 2016.

Nuala Kenny began working for the HSE as a Peer Support Worker in February 2017. Nuala’s interest in Mental Health stems from her own experiences of becoming unwell in 1998. After this she became a Naturopath specialising in Nutrition. Nuala has been working in this area since 2007 helping people to improve their wellbeing using food & lifestyle and has gained a lot of experience working with people who have Mental Health challenges. Working as a Peer Support worker Nuala hopes to empower people by offering hope that recovery from mental distress is possible. Nuala is very excited about Open Dialogue and feels it’s the breakthrough that the Mental Health Service needs. She has been part of the team since February as is looking forward to learning more about it. One of Nuala’s favourite quotes is “Peer Support is about being an expert at not being an expert and that takes expertise” (Repper 2011).

BHSC 1.21 (70) Mags McHugh, Ciaran McMahon; *Change: Answers on a Postcard*

This workshop focuses on resistance and changing power dynamics. It asks the question: What is the down side to recovery and why resistance? Participants become detectives. The first part of this session will give participants some real-life stories taken from over 1300 people who have attended Confidence for Life Training in Dublin City University. They will uncover evidence and find answers. Multiple choice options,

given and participants will endeavour to uncover families' and professionals' negative responses. Some examples:

1. James has a massive suitcase. He carries it everywhere. He is described as a 'No Hoper' in services for years with 4 mental health labels that he is aware of. He smells the room out on a Confidence for Life Course. Why does he smell? What's in the case? How is it possible that this man can change so much in 6 days? For the first time in 35 years now 'allowed' to sleep in the house.
2. 'More than just a choir' win Peer support award in its first year out of 68 organisations. 46 people go out to celebrate the award. The choir is now in its 8th year. Professionals appear put out. Why?
3. In year one of her nurse training Margaret was told "If the service you give is good enough for a person you love than your doing a good job. Otherwise please leave".
4. Woman uses a wheelchair, she does not need it. Why is she using this?

The aim of this workshop is to see the value in learning from people who have experience. They can help change the formula to recovery.

Margaret McHugh is based in Dublin and has worked for many years in mental health services in England and Ireland. An ex-nurse and ex-service user, Mags has lectured and facilitated groups empowering people to change perceptions of mental health both on an individual and group level on both sides of the service. Most recently Mags completed a course with Ciaran McMahon in 'Confidence for Life' in Dublin City University meeting service users and mental health professionals and finding common understanding of the power to change our perceptions.

Ciaran McMahon is also Dublin based and has a Masters in Holistic Development and Community Development from DCU. Since then Ciaran has specialised in communication and public speaking workshops for corporate companies including TV3, RTE, mental health services and many others. His focus is on breaking down fear barriers, and creating safe environments for clear person-based communication. This also includes workshops that empowers participants to even try stand-up comedy. An ex-service user of mental health services Ciaran has experienced anxiety and depression in the past and enjoys the comedy stage for good balance.

BHSC 1.22 (70) Rory Doody; *Mental Health Engagement: 'Something has Changed! I know it!'*
Patient, consumer, service user: titles have changed. Care worker, Housing support worker, Recovery Development Advocate, Area Lead for MHE: jobs have changed. Manic depression/ bi-polar disorder, madness/psychosis: diagnoses have changed. Voice hearer, person with a different world view: experiences have changed. Pain, trauma, suffering, anguish, torment: have not changed. Son, brother, husband, father, friend, person: have not changed. What are the hard questions we need to ask ourselves? Where is the impact of this change? How can we know?

Rory Doody; Area Lead for Mental Health Engagement, Cork and Kerry MHS. There is a reflective question, 'Who does this (change) serve?' Can we ask this of Engagement? We think we know what we need to change from, but do we really know? What are we changing into?

BHSC 2.25 (50) Sonya Greaney, Deirdre Lillis; *Rights, Coercion and the Yellow Submarine*

In this workshop, we hope to create a space for discussion around:

- A critical difference between the two papers cited below:
 1. the Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health'
(<http://apps.who.int/medicinedocs/en/d/Js20172en/>)
and
 2. 'Advancing Recovery in Ireland: A guidance paper on implementing organisational and cultural change in mental health services in Ireland.'
(<http://www.lenus.ie/hse/handle/10147/613321>)

While the first is embedded in the language of rights, the second does not mention rights. Through these examples, we begin to present the struggle between rights and coercion.

- Examples of activities that are presented by some as 'changes for the better' – independent advocacy, 'user involvement' and peer support.
- Whether these practices impact on the use of coercion?

We will conclude with: Individual Rights and Coercion – how can they sit together? Is no coercion possible in psychiatry?

Sonya Greaney; I'm one of 29 peers developing the role of peer support in mental health services, sharing my lived experience and embedding a recovery approach. I found for myself, that the explanation I received for my experience of distress, biopsychosocial causes, was too vague, it had no personal meaning and it didn't help me to understand. Because of this I'm passionate about people using services being viewed as individuals with unique life experiences, responses and support needs. At the moment, I'm interested in Dual Process Theory and its relevance to the thinking processes experienced by people labelled with the damaging and invalidating diagnosis Borderline Personality Disorder. My user involvement includes establishing and facilitating a peer support group weekly for 2 years, a Facebook support page, service-user representative on the National DBT Project steering committee, Vice Chair of the Cork Consumer Panel, volunteer advocacy and peer support working in mental health services.

Deirdre Lillis; I experienced the force of the psychiatric response to my emotional distress in my early twenties and from here took a path that focussed on independent advocacy, facilitating service user/survivor involvement in the planning and delivering of mental health supports and services and supporting survivor led research. I have been reading and listening to activists in all their guises throughout my adult life, be they academics, survivors, practitioners committed to changing an archaic and what is often a soul-destroying system and of course any one person may be one and all of these identities. I currently support a small independent advocacy service that is available to people with disabilities and people using mental health services and deliver advocacy training. This work is undertaken through the Social and Health Education Project, a project grounded in social justice based values and participatory and experiential forms of learning. I talk a lot about change informally but I am also hindered in my advocacy role from speaking my mind. I want to continue to critically reflect on what is happening in my work and beyond.

17.15-17.45 Plenary Session

BHSC G06 (120) Reflections on the day

Thursday 16 November

Keynote Presentations

11.15-12.00 BHSC G01 *Keynote Presentation 4*

Diana Rose; *Making the Most and Dismantling the Worst of Mental Health Services: Reflections on User-led Research and its Implications*

I have used mental health services for close on half a century and researched for half that time. The connections between these two are worthy of some interrogation. But equally important is to situate this work in time and place. Mental health services in the UK have changed dramatically over time at least in major conurbations. The situation is different in the Global South where some services show the legacy of colonialism and post-colonial psychiatry is trying hard to gain hegemonic status. In terms of research and activism there are at least two positions: all efforts must go to dismantling psychiatry versus we must do something now given how people are being (mis) treated. With the help of responses to the CRPD and the publication of OCHRE's Special Rapporteur report on mental health, I will try to make sense of what is at stake here and the best ways forward for research and activism now. This of course is provisional, and it is inevitably partial.

Diana Rose has been a mental health service user all her adult life and is now Professor of User-Led Research at King's College London. She has spent more than 25 years researching mental health services from the perspective of those with mental distress who use such services. Finding conventional methods inadequate to this task, she has been party to developing new methodologies to study mental health services and treatments. Having now concluded that changing methods is not sufficient, she has brought thinking from the social sciences and critical theory to push the boundaries of conventional Patient and Public Involvement (PPI) in research and demonstrate that health, and particularly mental health, are more than medical matters. Indeed, the place of medicine in the terrain of mental 'health' is contested. She has just started a Wellcome Trust funded programme of work on user / survivor led research, its nature, history and impacts internationally.

12.00-12.45 BHSC G01 *Keynote Presentation 5*

Oor Mad History Community History and Arts project; *Oor Mad History: How to Get Mad and Influence People*

We came to Mad Studies through a desire to remember and promote the key role that service users have played in developing mental health services. We wanted to see ourselves and to be seen by others as active agents of change, rather than passive receivers of services. We were inspired by other social movements who have reclaimed voice and agency through their history. We were also inspired by colleagues in the department of Disability Studies at Ryerson University who deliver courses that put the knowledge and experience of those deemed "mad" at the centre of the curriculum. Working in partnership with Queen Margaret University and NHS Lothian, using a community development approach we designed a six-week module, "Mad Peoples History and Identity". The course is only open to those who self-identify as having experiences of mental health issues. Since 2014 it has been delivered 3 times to over 50 students. Further to the course graduates have gone on to a range of activities, including a Participatory Action Research project at QMU, further education, involvement in activist groups, collective advocacy,

training health professionals, and arts based projects. We have also developed a “Mad Matters” community based course. Through our work we aim to validate shared collective and individual experiences of madness, distress, treatment, coercion, co-option and intersecting identities. We don't have an exact recipe to replicate, but we will share what we have done and encourage you to think about what might work in your area.

Oor Mad History is a community history and arts project, set up in 2008 and based at CAPS Independent Advocacy in Lothian, Scotland. We were set up to record and promote the history of the local mental health service user movement. As well as creating an oral history project and a paper based archive, we have written a book and use the arts as a tool for advocacy and activism. We have gone on to coproduce a “Mad People's History and Identity” course at Queen Margaret University which was shortlisted for the Herald Further Education Awards 2016.

14.00-14.45 BHSC G01 *Keynote Presentation 6*

Jim van Os; *Who is Wondering about Mental Health Services and What are Their Suggestions for Change?*

Much of the language and practice of mental health care is based on apparently simple concepts, for example that symptoms are caused by mental disorders, that evidence from randomised controlled trials is required to inform evidence-based guidelines that can be applied to individual patients, that the highest intensity of care is admission to a hospital bed, that professionals have no lived experience of mental illness, that severe syndromes are of 'biological' and mild syndromes of 'psychosocial' origin, that the technical ingredients of psychotherapy are more important than the therapeutic relationship, that effectiveness of interventions is reflected by reductions in symptoms, that there is an urgent need for a medical model of prevention of mental illness, that deep brain stimulation, transcranial magnetic stimulation and manipulation of the immune system hold major promise for the treatment of mental illness, and that the organisation of mental health care is best placed in the hands of large and complex organisations that negotiate contracts based on production parameters and quantitative outcome measurements. Close analysis of these assumptions shows that their apparently strong and even unassailable logic is increasingly being questioned. Scientific demystification of professional knowledge and practice suggests that a critical transition may be approaching that requires new concepts, language, science and practice to address the issue of mental distress in populations.

Jim van Os is Professor of Psychiatry at Utrecht University Medical Centre in Utrecht, The Netherlands, and Visiting Professor of Psychiatric Epidemiology at the Institute of Psychiatry, London, UK. He trained in Psychiatry in Casablanca (Morocco), Bordeaux (France) and finally at the Institute of Psychiatry and the Maudsley/Bethlem Royal Hospital in London (UK) and after his clinical training was awarded a three-year UK Medical Research Council Training Fellowship in Clinical Epidemiology at the London School of Hygiene and Tropical Medicine. In 2011, he was elected member of the *Royal Netherlands Academy of Arts and Sciences* (KNAW) and in 2016 he became a *Fellow* of King's College London; he appears on the Thomson-Reuter *Web of Science* list of the world's “most influential scientific minds of our time”.

Thursday 17 November

Concurrent Presentations

10.00-10.45 Concurrent Sessions D

BHSC G01 (250) Danny Taggart; *Trauma, Mental Health and an Ethics of Responsibility*

As I have written about previously; psychiatric diagnoses are often 'discursive fig leaves' that mask underlying trauma. As a clinical psychologist, academic and survivor of institutional childhood sexual abuse within the Catholic Church I have multiple, interconnected and competing perspectives on the subject. Most psychiatric classifications do not focus on aetiology, instead emphasizing symptom checklists to diagnose disorders. While this is designed to rectify historical problems with reliability, it continues to lack validity by creating artificial disease categories instead of privileging people's subjective experience of themselves in historical and social context. I will argue that the categorical nature of much psychological and psychiatric practice is incompatible with a truly ethical posture in relation to survivors of abuse. Using the work of the philosopher Emmanuel Levinas I will sketch the beginnings of an Ethics of Responsibility in relation to working therapeutically with people with trauma. While current psychological theories of trauma emphasise its intra-psychic characteristics, I argue that it is a relational, social and moral injury. In case of trauma a standard ethics that emphasizes, 'do no harm' is inadequate in creating conditions for safe and useful therapeutic encounters. In Levinas' Ethics of Responsibility the objectification and categorization of the Other forms the basis of dehumanizing practices. I argue that categorization in psychiatry fundamentally objectifies, reduces and mischaracterizes victims of abuse and in doing so renders an injury that is comparable to the original abuse itself. Utilising the emerging, survivor-led discipline of Mad Studies I will consider alternative approaches to therapeutic relationships.

Dr Danny Taggart is the Academic Director of the Doctorate in Clinical Psychology at the University of Essex, where he is also lead on service user involvement in the School of Health and Social Care. Danny worked in Great Yarmouth where he helped establish several Community Psychology projects including the Great Yarmouth Father's Project. His current areas of research include Trauma Informed Approaches within mental health services, mental health under conditions of austerity and the use of experiential knowledge within survivor movements. Danny has written and spoken publicly about his experiences of institutional abuse in childhood and his consequential mental health problems. He is a Co-Chair of the Beyond Diagnosis Committee of the Division of Clinical Psychology, a group of clinical psychologists and experts by experience working together to develop different approaches to understand severe mental distress.

BHSC G04 (120) Ciaran Crumney; *Making Psychiatry Accountable - the Need for Formal Diagnostic Reports and Appeals Mechanisms*

This presentation makes two simple and concrete suggestions that would go a long way towards making psychiatry far more open and transparent than is presently the case. The first is that every time a psychiatric diagnosis is made that a formal report must be written by the psychiatrist who made it and placed on record. This report would specifically refer to the information that was used in arriving at this diagnosis, the sources of that information and what was and what was not believed by the person making it. It would not be acceptable to record that so and so was delusional, or manic, or psychotic, or depressed, without going into this level of detail and recording it. As things currently stand there is no such requirement. And once a diagnosis is made it sticks with you for the rest of your life. The second suggestion is that this is ludicrously wrong. It should be possible to formally appeal a psychiatric diagnosis to an independent body based on being able to prove errors in the original diagnostic report. These two suggestions were made to a committee of service users and carers of the College of Psychiatry of Ireland about three years ago - REFOCUS. The committee approved them, but the College has stonewalled any progress. I would like the Critical Voices Network to support these recommendations and to consider ways

of applying pressure to have them implemented. If they were they could revolutionise how psychiatry is practised

Dr. Ciaran Crumney; I am now in my mid-fifties. I have a PhD in marine biology and I worked in that general area up to 2003. In 2009 I was involuntarily detained in Belfast for three and a half months before I finally escaped and made my way back south. I subsequently obtained my records and noted serious errors in them. Cumulatively these errors made me out to have been far more unwell than was the case. Over a five-year period, my attempts to have these errors acknowledged and corrected involved the hospitals complaints system, direct correspondence to two of the key clinicians who were involved in making these errors, complaint to their governing bodies, the Information Commissioners Office, the Ombudsman, the PSNI, the Regulation and Quality Improvement Authority (RQIA), and finally, the courts. In the end I was forced to take a case under the Data Protection Act, which I won earlier this year.

BHSC G06 (120) Sarah Jane Pedersen; *What Does It Mean to Be Crazy? (Re)Conceptualizing Madness in an Age of Shadows*

This is an exploration of madness in contemporary society, and the barriers of integration and community building, of which the community of the Crazy face. The paper that this presentation is based on is an ethnographic analysis of personal narratives of madness, experiences of resources for those living with mental illness. This paper looks at the ways/methods/behaviors people with mental illness use in constructing personal and social identity. The text and presentation examine ideas such as: *Is there a way to create a community around madness that does not replicate dominant deficit notions of mental illness? Can we through processes of rehabilitation of the term (Crazy), the (re)membering of historical lineage create a space of belonging and thus foster the creation of community and create a positive identity for those who have a mental illness. Can the creation of positive identity formation and community building be done through shared experiences of treatment? My own personal experience as a consumer of mental health therapy I have found that I was able to create a positive identity of madness through learning my history and the history of peoples with mental illness. I have also found that it is imperative to share experiences of treatment and embodied realities of madness to create community in historically isolating societies.*

Sarah Jane Pedersen has a B.A. in Psychology, B.S. in Sociology and an M.Ed. with emphasis in cultural studies. She is a current student at Claremont Graduate University in Cultural Studies. Her research focus in the socio-historical construction of mental illness, power/oppression and resistance communities. She is interested in agency, identity formation and community building. Sarah Jane have extensive experience creating digital learning communities, and inclusion of trans-literacy learning styles. Sarah Jane values non-traditional and experimental work styles and career opportunities.

BHSC 1.02 (70) Peter Hall; *Beyond the Biomedical Model and Coercion: Listening to Alternative Narratives.*

This research draws on themes derived from research conducted as part of a doctoral study in which fifteen mental health professionals were involved in nine Mental Health Act assessments. These professionals were invited to explore the ways they undertook Mental Health Act assessments and provided home treatment, and how the assessment process informed their practice and relationships with others. The research developed from my practice as a Social Worker in secondary mental health care, critically exploring the different reactions and responses which mental health professionals display to Mental Health Act assessments, how decisions are made during the trajectory of the assessment, and, specifically, investigating cases where the outcome of the assessment is non-hospital provision using home treatment. Drawing on interviews with professionals involved with Mental Health Act assessments, the concepts of 'social crisis/mental illness', professional negotiations and social capital are explored as a means of understanding outcomes to Mental Health Act assessments. Finally, a discussion of the implications of this research for contemporary mental health social work practice is presented.

Peter Hall is a senior lecturer on the Social Work BA (Hons) Social Work programme at the Department of Psychology, Sociology and Social Work, University of Suffolk, Ipswich UK. He Holds an MA in Public and Social Administration from Brunel University and a Doctorate in Health Service Management from Essex University. He has practiced as a social worker, ASW and AMHP and practice educator in mental health care before embarking on a career in social work education. email: p.hall@uos.ac.uk

BHSC 1.04 (30) Miriam O'Shea; *Do We Really Need Mental Health Services at All?*

In my introduction to this topic I would like to include all in the room by getting them to mention their name and a few sentences about why they are drawn to this topic. I will include my talk back to psychiatry and my struggle to be treated as an equal and how that presents itself in my life to-date. Since I was 22 years old I have been dealing with anxiety. The psychiatrist I was forced to go to at the time put in his report to my doctor that my mother's anxiety with my anxiety was an issue. As Sigmund Freud would say if it's not one thing it's your mother. Do family members/guardians really need to refer their own to a mental health system where nurses in our healthcare system are learning to talk but in fact all you need to do is listen? Are you having a relationship as a professional if you are prescribing them a pill or as a family member if you are sending them to someone who will give them medication? I will share photographs of my life on and off prescribed medication to get the audience to put themselves in my shoes using the song 'I'm in love with a psycho'. What we see in another we see in ourselves. How I free myself, awareness psychotherapy the power of the breath Brendan Connolly, how peer support works e.g. Mind Freedom Ireland, Stepping Out peer support for anxiety, Natural Voice Choir, Movement Medicine, Ecotherapy, Mindfulness, Selfhood (Dr Terry Lynch) and how learning to focus on why I am here is my focus not what other people think which is none of my business. I will share how I tie my energy up, how I meditate using natural voice, dancing, moving, writing, music during my talk as simple tools and I will also get participation from the audience. In my conclusion I will talk about how coming together in nature to support each other with a supportive team of equals would work. Creativity works for me away from Big Pharma. We all co-exist in nature. Project Nature Connect.

Miriam O'Shea; Firstly, I am Miriam, I have two sisters, the middle one a doctor, specialising in children, and the youngest works in HR. I work part-time as a market researcher and a psychotherapist/lomi massage practitioner. My mother has mainly been a stay at home mum and my father is a retired army sergeant. I experienced anxiety at my Leaving Cert in 1983 and left Ireland to live in Brussels as an au pair. I have worked as a PA/Secretary and in the hotel industry. I am a trained awareness psychotherapist (2009) have a CIT degree in community education and development (2008), UCC Diploma in Personal and Social Health psychology (2011), CIT Masters in Visual Art. I am a trained SHEP group facilitator on the tutor training Seasons for Growth (dealing with loss) and have completed the ASIST training. I have completed family systems training. I am a member of MindFreedom Ireland, a pre-accredited IAHIP, I play music with the group With a Little Help from my friend, attend the Stand by Me Group on Wednesdays in Costas and am a member of the Natural Voice Choir in Niche. I am creative and every Tuesday I attend knitting/crochet in Midleton library where I now live.

BHSC 1.05 (30) Patricia Barrett and Tricia Ryan; *The Politics of Changing Mental Health Services*

"All politics is local politics"-Tip O'Neill

As service providers, understanding the role we each play in creating sustainable shift to increase the effectiveness and quality of our services is crucial. Our level of professional effectiveness is tied to our unique level of consciousness and the culture or absence of safety within our organisations. This starts with each of us as individuals, with leaders carrying the added responsibilities that conscious leadership takes. The more aware I am of my relationship with my Self, then the more attuned I am in my relationship with others. The more I am aware of myself as creative, resourceful and whole, the greater the chances I will be open to seeing this in others, colleagues and individual service users. As leaders and practitioners, it is an essential task that we seek the support of safe non-judgemental spaces in which to explore our own stories, our fears and raise consciousness around their effect on our work. We need emotionally, socially and intellectually safe spaces to explore our own potential and how to nurture it in others. In our workshop we

set out to explore what it means to consciously create safety within our organisations to acknowledge and nurture our creativity, resourcefulness and wholeness. This top down approach is about filling our individual and organisations metaphorical cup with appreciation for our human spirit with the effect that we can intentionally create safety for our service users to explore their strengths, their potential and their wholeness.

The Irish Association of Relationship Mentors is the national governing body for University College Cork (UCC) qualified Relationship Mentors. The association provides support to Relationship Mentors in the areas of practice, ethical guidelines and shared-vision: personal and professional development. Mentors support their Clients to raise consciousness around the creative natures of protective behaviours, providing a compassionate place from which a deeper understanding can spontaneously occur. This supports the Client and Mentor to explore new options with greater clarity, facilitating openness and innovation. From this place of intentionally created social, emotional and intellectual safety the individual and/or organisation can respond more authentically to their challenges. Mentors are available nationwide with contact available on the website: www.iarm.ie or email: info@iarm.ie

BHSC 1.22 (70) Mick Devine; *Trauma Informed Practice*

Tabor Group is an addiction treatment agency catering for the treatment needs of those addicted to alcohol, drugs, prescription medication and gambling in the Munster since 1989. Services are delivered in a residential setting primarily. There is an initial 28-day residential treatment episode which may be followed by a 12-week extended care treatment episode. In all cases a 52-week aftercare programme is suggested. Services are also delivered to families. In recent years we have become very impressed by the prevalence of reports of complex trauma from clients. We are currently implementing a response to this which is operating on three levels:

1. A research report written by a Trish Moynihan, Higher Diploma in Applied Psychology, University College Cork has been produced entitled Dual Diagnosis and Trauma in a Residential Addiction Treatment Population.
2. An in-house training programme based on Lisa M. Nagavits, Seeking Safety: A Treatment Manual for PTSD and Substance Abuse is currently in delivery.
3. Miriam Murphy MA Department of Applied Psychology University College Cork is producing a report: Moving toward Trauma Informed Practice at Tabor Lodge.

I propose to make a presentation to you outlining the work of Tabor Group, profiling its clients and then reporting on the three initiatives above. The presentation I hope will be of interest to you and will stimulate curiosity, question and discussion.

Mick Devine is Clinical Director of Tabor Group since 2011 and Treatment Manager of the Tabor Lodge unit since 2000. From a teaching background he is registered with Addiction Counsellors of Ireland. He is an active member of Addiction Treatment Centres of Ireland and represented voluntary addiction treatment services nationally on National Drug Rehabilitation Implementation Committee and has contributed to the consultation process on Ireland's new national drug and alcohol strategy, *Reducing Harm, Supporting Recovery: A Health-Led Response to Drug and Alcohol Use in Ireland*. He has written *'The role of counselling in the treatment of addiction'* published in Eisteach; The Irish Journal of Counselling and Psychotherapy Spring 2017. He is a student of The Diamond Approach and is currently pursuing a teacher training programme with The Ridhwan School. He also runs a small private counselling and training practice.

BHSC 2.25 (50) Conor Crowley, Leona Moynihan and members of the Blackrock Hall Men's Group, Cork; *Personal Journeys of Stigma and Recovery – A Short Film Project by the Blackrock Hall Men's Group*

The aim of this workshop is to give the Blackrock hall men's group the opportunity to present two short films whose material were formed organically from the members and also filmed by the members with the

supervision of Colm Walsh, Filmmaker. The subject explored is that of stigma and the ways in which social groups can help on a practical level in relation to same. Also, the use of a video diary is used to give the members perspectives of their group and their service. Finally, there will be an opportunity of direct feedback from group members followed by a short Q & A session.

Conor Crowley is an adult mental health social worker in the South Lee mental health service since February 2012. He works as part of a multidisciplinary team in Blackrock/Mahon area of Cork. He has a bachelor in Social work and has had significant experience in working with vulnerable families and young adults both within their home and in the residential setting. Also, he has a background in working in the addiction services, probation service and also in the national council for the blind. He has a keen interest in building supports within the community for both service users and their carers and to build both community and personal wellbeing. He runs a number of groups including men's group, carers group and parenting groups which focus on empowering the individual to cope with challenges in life. An example of simple non-direct therapeutic group can empower service users and assist in their well-being will be explored in this presentation with the help of the men's group members.

Leona Moynihan is an occupational therapist working in the South Lee mental health service since 2012. Prior to moving back to Ireland, she trained in the UK and gained valuable mental health experience in the Northamptonshire and Derbyshire NHS trusts. Her core work involves supporting and empowering individuals and groups to participate in their everyday goals. She is currently involved in the co-facilitation of the Blackrock Mahon men's group, as well as the south lee social inclusion and city links committees, and a number of groups within the Blackrock/Mahon sector. She is a strong advocate for holistic, client centred approaches, which sees the individual as integral to planning and implementation of their care needs.

BHSC 3.04 (40) John Cowman; *Involving Service Users and Carers in Mental Health Research: Using Service Users' and Carers' Focus Groups to Inform an Inpatient Housing Study*

Background: During the preparation stage of a larger study on inpatient housing needs, six focus groups (four service users and two carers), over a five-week period, provided feedback on the proposed study and particularly on the draft 'inpatient questionnaire'. Vision for Change and the recovery literature emphasize the importance of involving service users in research.

Purpose: To gather feedback from service users and carers on the proposed study and inpatient questionnaire to inform the study.

Methodology: Purposive sampling based on the researchers' knowledge of pre-existing groups was used to hand pick groups. Each semi structured group interview followed the same structure and ran for approximately one hour and fifteen minutes.

The discussion followed a role-play of the draft inpatient questionnaire and the moderator used eight open ended preselected questions, which moved from general to more specific, to elicit the feedback sought. Participants also individually completed a short pre-group questionnaire which collected some demographic information, as well as experience and opinions regarding housing needs.

The typed qualitative information from the discussions will be condensed down to key points by a person independent of the study. The quantitative information from the pre-group questionnaires will be analysed using the statistical software programme 'R'. The study has ethical approval.

Findings: There were 56 participants and 36 returned the pre-group questionnaires. Preliminary findings indicate that focus groups with service users and carers work well as a method of collecting feedback on proposed research studies and questionnaires which are designed to elicit service user perspective.

John Cowman is a senior social worker in CHO7 mental health services. John received the BSW in UCC in 1995 and has worked in the mental health services in Tallaght in 2002. Over time John has perused a particular interest in all things related to adequate housing for people with mental health disabilities. Researching service user's preferences was the focus of his research for the MSc in Mental Health in TCD in 2008 and also the service improvement project as part of the Co-operative Learning Course in DCU in 2012. An advocate of person centred approaches to meeting housing need, he completed the Enabling Excellence

Practitioners course and Leadership course in 2014. This course utilises the Supported Self-Directed Living and Social Role Valorisation person centred theories of practice. In 2015 he completed the Certificate for the Housing Profession jointly run by the Irish Council for Social Housing and Chartered Institute of Housing. He is the dedicated housing lead since in 2015.

Gavin Mulhall is Mental Health Social Worker in HSE Adult Mental Health Services Tallaght. His previous experience also includes social work education, social work in housing, community development and child protection and welfare.

Liam Breen received his Ph.D. from Trinity College Dublin in 1991. He worked on medical devices for the detection of glucose and cholesterol as part of a post-doc. He lectured in chemistry and computers in IT Carlow. He worked as a computer programmer in the areas of telecommunications and business software. His research interests are in physical chemistry and programming.

Dr Aoife O'Callaghan, MB, BCh, BAO graduated from University College Cork in 2016. She is a Foundation Year Psychiatry BST trainee, currently working in the Tallaght Adult Mental Health Services, in the area of General Adult Psychiatry. Previous research relates to the assessment and treatment of eating disorders in primary care. She has also been working as a clinical tutor in Trinity College Dublin since 2017.

Brendan Kelly MB BCh BAO, MA MSc MA, MD PhD DGov PhD, FRCPsych FRCPI is Professor of Psychiatry at Trinity College Dublin and Consultant Psychiatrist at Tallaght Hospital. Brendan's most recent book is 'Mental Health in Ireland: The Complete Guide for Patients, Families, Health Care Professionals and Everyone Who Wants To Be Well' (www.theliffeypress.com). In addition to his medical degree (MB BCh BAO), Brendan holds master's degrees in epidemiology (MSc), healthcare management (MA) and Buddhist studies (MA); and doctorates in medicine (MD), history (PhD), governance (DGov) and law (PhD). Brendan has authored and co-authored over 200 peer-reviewed publications and 400 non-peer-reviewed publications. His books include *Custody, Care and Criminality: Forensic Psychiatry and Law in 19th-Century Ireland* (History Press Ireland, 2014), *Ada English: Patriot and Psychiatrist* (Irish Academic Press, 2014), "He Lost Himself Completely": Shell Shock and its Treatment at Dublin's Richmond War Hospital (1916-19) (Liffey Press, 2014), *Dignity, Mental Health and Human Rights: Coercion and the Law* (Routledge, 2015), *Mental Illness, Human Rights and the Law* (RCPsych Publications, 2016) and *Hearing Voices: The History of Psychiatry in Ireland* (Irish Academic Press, 2016). In 2017, Brendan was appointed Editor-in-Chief of the *International Journal of Law and Psychiatry*.

15.00-15.45 *Concurrent Sessions E*

BHSC G02 (250) Mick McKeown; *Whittingham Lives: Activism and Organising, Then and Now*

This workshop aims to link the past to the present with a view to shaping better futures. The workshop will consider the early growth of the National Asylum Workers Union in the context of the history of Whittingham Asylum. Our *Whittingham Lives* project is working with service users, the public, and NHS staff to explore archive material as a basis for creative arts workshops, producing exhibitions, conferences and performances to be held across Lancashire. There is a particular focus on the history of trade unionism and employment relations within Whittingham Asylum, hotbed of early 20th Century activism leading to the birth of the NAWU, a precursor of UNISON the current public service union. We intend to take a progressive look at commonalities and tensions between the interests of a unionised workforce and patients within the Asylum system. We start from the assumption that defending and promoting workers' interests may not always coincide with patients' interests. In the extreme, such concerns coalesce around issues of abuse and neglect. Union standpoints intersect with wider social histories and matters of workforce professionalisation. Arguably, highlighted tensions remain in the present day: where service users are also becoming organised to exert their rights, sometimes in-line with union objectives, for example campaigns for more resources, at other time in conflict, being critical of staff and services. Workshop participants will debate the implications of key historical observations for union organising and changing contemporary practices.

Mick McKeown is Reader in Democratic Mental Health, School of Health, University of Central Lancashire. He has consistently supported public engagement initiatives in health and social care. He developed the Comensus service user and carer involvement initiative at UCLan. Mick has made a significant contribution to the fields of mental health nursing, service user involvement and connecting survivor activism with the academy. He has developed a particular interest in the study of alliances and participatory democratic practices and is a longstanding trade union activist.

BHSC G04 (120) John Woulfe; *For All Debts, Public & Private*

Overarching theme - "the structural design of the mental health systems that currently operate in Ireland". The content of the presentation will set out to assert that recovery-focused mental health approaches within services are being stifled by larger systemic issues such as; (i) misallocation of government funding and grants; (ii) political lobbying for governing policies that emancipate professionals with the highest degree of patient influence from carrying the equivalent degree of patient accountability; and (iii) international corporate financial interests pushing a reductive narrative about mental distress that suppresses existential, social, holistic and spiritual dimensions of mental health in favour of an overemphasized pseudo-biological model which only serves to enable pharmaceutical dependency by fostering an attitude of helplessness toward one's own mental health as opposed to promoting resilience. Corporate controlled research would rather have us believe that mental "illness" is a physiological entity that can only hope to be managed, instead of seeing mental distress as a psycho-social symptom that one can learn to overcome and eventually defend oneself against. After all, pharmaceutical companies are in the "business" of healing; and in such a business there is money in creating "cures" – but there is even more money in creating "diseases" that require long-term management. My intention for this presentation is to illuminate the systemic problems that are ultimately failing and hurting patients more than any other party involved. I also wish to present a model of an alternate mental healthcare system which places patient autonomy and resilience at the core.

John Woulfe; Graduate in Counselling & Psychotherapy. Currently working with adolescents and their families as a Youth Advocate with Youth Advocate Programmes Ireland. I possess a wide variety of experience working with Charities, NGO's and Community based mental health projects. 4 years of service with the ISPCC, I also hold coordinator positions within both the Samaritans Prison Listener Scheme and the Samaritans University Outreach programmes. I also have experience of working in Out-patient Addiction Treatment, General adult counselling services, Family Consultations and Crisis Interventions. A passionate, motivated individual interested in altruistic developments within the mental health profession, and the provision of consistent high quality mental healthcare services. A holistic practitioner, with a deep interest in studies of the human condition & social issues. An aspiring mental health educator whom is eager to teach; driven by a satisfaction that comes from sharing knowledge, informing & inspiring people.

BHSC G06 (120) Mike Watts; *Balancing Brains*

Based on a narrative study investigating the role of peer support in recovery from mental illness this presentation offers a hopeful alternative to current understandings and practice. Each person is presented as a unique spiritual being living within a series of story-telling bodies constantly in dialogue with one another which have the potential to influence us towards isolation and alienation (mental illness) or involvement and wellbeing (recovery). At the personal level these include physiological, emotional, cognitive and behavioural story-telling bodies embedded in a series of social stories generated by family, peers, business, politics, world events, the law and bio-medical psychiatry. Historically service users' experience has been ignored as a valid form of knowledge allowing the authoritative bio- medical story to dominate and exert undue influence. Studies based on the experience of service users reveal a serious epistemological imbalance within our collective social brain. In this study recovery is described as *a re-enchantment with life*. Recovery begins with:

- an escape from dialogues of 'terror' (including experiences of professional help)
- immersion in dialogues of 'healing' through peer support
- and a nurturing involvement in dialogues of 'becoming' located within pre-existent niches in society.

It places each person at the center of their own 'recovery map' where they can be signposted towards locally based resources such as employment, education and leisure. It offers a view of recovery that can perhaps integrate the role played by medication and bio-medical psychiatry into a more holistic and hopeful approach.

Mike Watts is an ex service user currently involved in recovery research, writing & teaching. His own and his wife Fran's experience of mental illness and recovery are key to his current understandings. As part of his recovery Mike studied psychology (BA), family therapy (MPsych Sc) and gained a PhD through Trinity College Dublin. He also values involvements in music, poetry, art, toastmasters and hill walking and early relationships with warm and welcoming neighbours in Co Clare. Mike joined GROW in 1976 and worked as area then national coordinator from 1983 -2012. He was service user representative on Mental Health Commission and an advisor to Amnesty International. Mike is currently developing an on-line recovery map with the support of HSE and Carlow IT and has published a book based on his doctoral research entitled *Narratives of Recovery from Mental Illness...the role of peer support* (Watts & Higgins 2017).

BHSC G10 (150) James O' Flynn & the Claddagh Rogues, Kevin O'Shanahan, Declan McCarthy; "Breaking Chains" - A Recovery Journey in Words, Music & Images.

This project arose from the work of a CNS in Arts and Recovery. This has been in situ in Cork since 2011. People wanted to look and understand their life experiences through the arts in collaboration with the traditional model of care. So, it is a support and development rather than a specific alternative. Evidenced based practice shows links between the arts and recovery. A new building development has been secured for 5 years as part of HSE services in Skibbereen, Co. Cork, that promotes creative ways of working in mental health/community contexts. The name of the building is for example 49 North Street and not a specific centre as it is person centred and includes – individual, facility and group support. It also acts as a focal point for engagement with local community based initiatives, such as the Skibbereen Arts Festival. Through recovery informed projects such as The Claddagh Rogues and 49 North Street, we are delivering mental health services that are creative and innovative. Thus, we are "breaking chains" with mental health service provision that does not resonate with the recovery informed ethos of "A Vision for Change". Our workshop will illustrate how this has been achieved through a multimedia presentation incorporating photography, film and musical performance. We by way of Multi-disciplinary team work are changing the paradigm of how we work with people. It is a truly recovery focused way of working by walking the walk. It's a way of walking that incorporates the complete bio-psycho social model. Its meets the person's story, as James will outline during this workshop.

James O' Flynn has experienced a recovery focused pathway through the mental health services. He has in his life experienced many caring services. He has now found a safe and a recovery - focused niche in the arts by way of music and photography. James is now the lead singer & songwriter with the Claddagh Rogues. For further information visit www.musicalive.ie James is comfortable in his recovery and happy with how his life is going. He is a true testament to how services working in a co-directive fashion can provide lasting change and excellent care with turning principles of recovery into practice and thinking a little outside the box.

Declan Mc Carthy ADON, MSc, M.A, H. Dip, R.M.N (MIAHIP), trained as a Registered Mental Nurse in Cambridge England in 1994 before returning to Ireland in 1999. He went on to complete an H.Dip and Master's Degree in psychotherapy in UCC and gained full accreditation as an Integrative Psychotherapist with IAHIP. Declan integrates his own journey of recovery with his professional trainings. In 2014-2016 he completed an MSC in Leadership with the RCSI and is passionate about creating positive work places. Declan was a member of National Mental Health Division Team who worked on the Listening Meeting Initiative 2014 and he drafted the initial report. He is currently a National Enhancing Team Facilitator on the Enhancing Team Work Initiative and was a member of the Positive National Engagement Forum HSE (2016). Declan with a co-facilitator is now rolling out a Person Centeredness Initiative in the local mental health services currently driven by the National Quality Division (HSE). He has championed a recovery orientated development published in the International Journal of Leadership in Public Services in (2010) and

is also co-published in the area of Dual Diagnosis (Mental Health and Addiction) re local pathways. He has co-authored a chapter on interpersonal skills titled (The Value of the Use of Dialogue and Self in Recovery) in an academic nursing text book in the US with Dr. Dan Fisher and Dr. John Sweeney. Declan was made an Honorary Associate of the RCSI Nursing and Midwifery Department in March 2017.

Kevin Shanahan B.B.S, R.P.N, MSc, CNS, is a Clinical Nurse Specialist in the Arts and Mental Health in West Cork. Kevin trained as a mental health nurse in NUI Galway & received the Dr. H.H Stewart award for academic excellence in Nursing (2001). Kevin has worked earlier in his journey as a professional musician and has received numerous awards and Arts Council commissions for his work. He is now working with the Adult Mental Health Services in Cork and is the lead person for undertaking therapeutic work with clients through the arts in West Cork. Kevin is passionate about what he does and has in the past number of years set a standard and a way of working that exemplifies how serves can collaborate with artists and groups to truly provide community care. Kevin is also the drummer, co songwriter and coordinator of the Claddagh Rogues.

BHSC 1.01 (70) Marian Caulfield; *'I Cried the Victim Out of Myself': A Re-imagination of Irish Tradition of Lament ('Keening') as a Therapeutic Tool for Overcoming Stress, Loss and Trauma, Based on a Finnish Lament Revival Model*

The Irish lament tradition ('Caoineadh' or 'Keening') which was cried and sung at wakes and funeral s, mostly by women, was a regular feature of Irish social life up until the early twentieth century. It provided an essential social, spiritual and healing function, on the death of a family or community member. The ability of mourners to cry out loud about their sorrow is said to have allowed them to work through the finality of death and the pain of grief. However, having been heavily censured by the Catholic Church over centuries and with the relocation of funeral ceremonies from the home to the church, 'keening' became an undesirable practice and has died out in its original form (freely improvised, orally transmitted). Lament survives today in Ireland only in a 'fixed' literary or song form often carrying religious themes. In contrast, the Karelian lament tradition, based in Finland, also traditionally employed in times of sorrow and trauma and also in danger of dying out, is today is enjoying a revival. Lamenting has become somewhat of a therapeutic tool in various ways in Finland, to help people to cope with stress and sadness in their lives. Finnish lament revivalists and some mental health professionals believe that social inhibition prevents us from 'crying out' our sorrows and can be linked to causes of depression. This paper asks: Could a re-introduction and re-imagination of the Irish lament tradition, the 'Caoineadh', become a useful therapeutic tool to deal with sadness and trauma, as it has in the Finnish case?

Marian Caulfield has a BA in Music, MA in Contemporary Religions and currently working on a PhD project which examines our sound-world and the idea that it can bring us to a place of transcendence, spirituality and healing. Marian particularly has an interest in the budding 'revival' efforts of those who are re-imagining the practice of sounding grief through improvised cry/singing (called 'Caoineadh' or keening in the Irish tradition), otherwise known as 'lament'. Marian is interested in the therapeutic effects of this cried/sung form, brought forth by the body from deep within and which is being employed in Finland as a healing and freeing force to ease bodily and mental tensions.

BHSC 1.02 (70) Rósa Corcoran, Danny Taggart, Aaron Roberts, Ria Dylan, Sally Smyth; *'In Conversation' (Part 1), an Experimental Discussion Space*

'In Conversation' is an experimental discussion space which will explore themes of identity and experience and how we are shaped by our understanding of both in different and often conflicting roles and contexts within the psy arena. The fundamental idea behind the event is that all involved might speak in a way that most wouldn't normally at a psy conference; by allowing for multiple 'identities' to be revealed or disclosed or for people to simply be human first. How are we shaped and informed by our experiences of the psy industrial complex? How, as humans with diverse and complex selves, do so many of us manage to straddle multiple identities within this system? How does role power and power in the broader sense of the term operate within this system? Does professional psy 'knowledge' carry more weight than that of the lived

experience of user/refuser/survivors with the mental health system? What are the risks and benefits of 'disclosing' or 'concealing' identities? How do the titles, labels or identities assigned to us by others impact how we see ourselves and are seen by others? Are any of us obligated to make known personal histories that we would prefer to remain private? If we accept that the mental health system needs radical change, but also accept that we value social care and solidarity (while acknowledging distress and trauma) - can we move forward as a heterogeneous group of people within that system to democratize it? Is the democratization of the mental health system even possible? If so how and if not, why not? It is to be a 'closed' or confidential space, which means once the event begins it won't be possible for new people to join. There'll be no recording of the event and phones will be switched off. The event will be split into two halves, the first (45 minutes) will consist of a panel discussion and a second (45 minutes) where the 'audience' will participate with their responses, questions or reflections on what has been talked about. Participants can leave and return to the space at any time during the 90 minutes.

Conversation Panel is psychologist and CSA survivor Danny Taggart, psychologist Aaron Roberts, survivor and counsellor Ria Dylan and survivor and mental health trust peer support worker Sally Smyth. Rósa Corcoran will curate the event by posing a series of questions or suggestions to be responded to.

BHSC 1.04 (30) Inge Nieuwstraten; *"I Want to Find a Way Out of How I am Feeling, but I am Afraid to Talk about it": Eight Years of Research Looking into Barriers and Mediators to Seeking Psychological Help*

Suicide and self-harm statistics in Ireland are alarming, with clear gender differences both in completed suicides and help-seeking patterns. Although awareness of the need for early mental health interventions has grown in these eight years, both public and self-stigma are still perceived to be major barriers to help-seeking, especially for men. In recent years we looked at attitudes to help-seeking in secondary school children, college students, young men who are in employment and unemployed young men, with a large study looking at young men in the construction industry (a 'high risk' population for suicidal ideation). This year we added a study looking at attitudes in middle- and older aged men, and attitudes and experiences of African immigrants with mental health difficulties. In the last two years both alcohol consumption and traditional male ideologies (including gender role conflict) have been added as possible contributory factors to help-seeking barriers. Both voluntary organisations and the HSE have sought to reduce stigma, by encouraging engagement in low cost 'wellness' and preventative programmes. The primary care initiatives in county Cork include stress reduction psycho-educational programmes, 'Your good self' biblio-therapy initiatives and some mindfulness group programmes. Some of these initiatives have made use of both publicity and venue help from GAA communities. The author hopes to present both current findings, and explore suggestions for further stigma-reducing initiatives, as well as raising questions that interrogate the 'one-size fits all' models, exploring alternate approaches, such as the Men's Sheds movement.

Inge Nieuwstraten is a college lecturer in the School of Applied Psychology, UCC, teaching counselling skills, theory and group therapy, and supervising final year BA and MA psychology students carrying out research for their final theses. She also teaches the principles of psychotherapy on the MA in Art Therapy, Crawford College of Art and Design, CIT. She has a private psychotherapy practice in East Cork and works one day per week in West Kerry Primary Care as a psychologist/psychotherapist, with adults, young adults and couples.

BHSC 1.21 (70) Lydia Fox; *Using EFT (Emotional Freedom Techniques) or "tapping" as a Healing Tool*

Emotional Freedom Technique (EFT) is commonly described as Psychological Acupuncture, working similarly to acupuncture but without needles. It involves a practice of tapping on stress relief points (meridians), located mostly on the face, while tuning into distressing emotional issues. This process has been proven to rebalance body energy and "rewire" the brain with long-term positive effects. Distress experienced by the person, sometimes for many years, is released and replaced with a sense of peace and calm (Eden, Feinstein & Craig, 2010). EFT is based on extensive research in quantum physics, neurobiology, and NLP. It recognises that the root of many diseases and mental un-wellness is stress, beliefs, and

traumas, that on-going negative emotions are the consequence of an imbalance in a person's energy and electricity flow, and that both the mind and the body need healing at the same time (Lipton, 2004). EFT practitioners work on this premise and have experienced powerful results with those suffering from issues such as anger, anxiety, phobia, stress, OCD, depression, PTSD, among others. This workshop will offer participants a chance to learn hands-on some EFT techniques with specific issues. Participants should gain a sense of how they, or their clients, can empower themselves through the process of 'tapping' which enables the person to use these skills for themselves in moments when they experience distress. EFT offers the person an opportunity to access internal resources, recognise and experience tangible moments of peace, and be active participants of their long-term healing processes.

References

Donna Eden, David Feinstein and Gary Craig: *The Healing Power of EFT and Energy Psychology*, Piatkus Paperback, 2010.

Robert O. Becker and Gary Selden: *The Body Electric*, NY, 1985.

Bruce H. Lipton: *The Biology of Belief*, Hay House, 2004.

Lydia Fox is a qualified EFT practitioner having trained with the International Association for the Advancement of Meridian Energy Techniques (AAMET). In addition, she has long experience in teaching languages and in particular has supported adults from diverse cultural backgrounds in learning English. Lydia's own physical and mental health motivated her to train as an EFT practitioner. As an adult, she experienced recurring and intrusive traumatic memories from her childhood, which brought feelings of terror and helplessness, challenging her resilience. Her physical health was quite poor. Lydia feels using EFT has transformed her life. She has since helped hundreds of people of every age, background and belief system to heal emotional and emotionally rooted physical issues. Her long-term aim is to teach adults and children how to make EFT part of their lives for on-going emotional healing. She was featured in the Sunday Times in 2015. Visit www.eftlimerick.com

BHSC 3.02 (40) Vincent Murphy, Charlotte Donovan & participants in *The Next Step; The Next Step: Flourishing in a Creative & Engaging Environment*

The Next Step, founded in 2011, provides support to people who have experienced mental health and emotional difficulties in their lives. We provide a safe and welcoming place where people come and engage in various activities; through their engagement they develop friendship, improve self-confidence and self-esteem, and thereby see improvements in their life circumstances and in their ability to engage with family, friends and the wider community. We offer a variety of activities 5 days a week, including: Art; Craft; Wood-craft; Yoga; Creative Writing; Dance; Singing; Mindfulness, Meditation and Voice (The Naked Voice). We are outside the traditional psychiatric services – participants attend when and for as long as they choose, so participants are at the centre, they make their own decisions as to the benefit they derive and the value of engaging. We have seen many participants benefit from the service. Some have become facilitators and volunteers for The Next Step.

In this workshop, a panel including committee members, participants and facilitators who will talk about and answer questions on The Next Step, its journey, and its successes and failures along the way. Founder member and chairperson Vincent Murphy will talk about The Next Step, how it came about, how it has developed and how it benefits participants. Art facilitator and professional artist Charlotte Donovan will talk about her experience in The Next Step: working with participants, her perspective on the benefits accruing to participants and improvements in their wellbeing. Participants will talk about their personal experience and journey with The Next Step. Key in all this will be how The Next Step model benefits those who engage with it. People attending the workshop can ask questions and assess for themselves the benefits of our model as a service to those experiencing mental health and emotional difficulties in their lives.

Vincent Murphy, founder member and current chairperson, is a retired engineering and project management consultant. He has no background in psychiatry, psychology or counselling. Through a chance encounter in 2010 with an old friend, Declan Gould, ideas were floated and discussed, and The Next Step

was born. Over the past seven years, Vincent has worked with others to develop and expand the programme from an initial 2 hours a week for 10 weeks to the stage where The Next Step now operates 5 days a week.

Charlotte Donovan is a visual artist with over 25 years' experience of devising, developing, facilitating and managing art projects in healthcare and community contexts. She was development Manager of Art in a Hospital in Glasgow for ten years and Triskel's artist-in-residence in St Finbarr's Hospital, Cork, for three. Since 2008 she has been co-ordinator of NICHE Arts for Community Health programme which now includes Knocknaheeny Hollyhill Community Garden. Charlotte is passionate in her belief that access to and participation in the arts can improve mental health and promote wellbeing. She has worked with the Next Step since its beginning, facilitating the art studio and workshops and participating in the development of the organisation. Her experience is wide ranging and has also included international residencies, public art and private commissions, curating exhibitions, training and mentoring, project evaluation and consultancy.

16.00-16.45 Concurrent Sessions F

BHSC G04 (120) Finian Fallon; *An Exploration of the Issues Related to the Future of Private Sector Psychotherapy in Ireland. An E-Delphi Study*

There is a lack of research and data on the mental health field in Ireland. This thesis argues that current policy ignores contemporary private sector psychotherapy (PSP: counselling and psychotherapy that is provided in private clinic settings to clients who pay for their therapy). The aim of this study was to explore issues relevant to the future of PSP in Ireland. The objectives of the study were: to use an e-Delphi to establish what level of consensus or dissensus could be achieved in relation to the issues identified, and to inform policy and psychotherapists of relevant emerging issues. The e-Delphi themes in which consensus was reached were related to: the need for PSP to promote its value (91% consensus), the risk for PSP becoming irrelevant to government policy in Ireland (74%), PSP having adequate links with other professionals (78%), the benefits of collaboration within psychotherapy (65%), the overuse of medication in response to mental distress (82%), the under-utilisation of psychotherapy (82%), a prevailing quick-fix mentality in public sector responses to mental distress (78%) and support for the use of outcome measures in PSP (65%). Dissensus was reached in relation to academic requirements, the credibility of PSP among referral sources, the effectiveness of technology over face-to-face treatment and the impact of low-cost therapy on PSP. The possible future irrelevance of PSP in an Ireland policy context, the need for PSP practitioners to be more assertive in promoting the relevance of PSP, and the potentially disruptive future impact of technology on PSP in Ireland, and elsewhere were discussed. Study limitations and strengths, implications for PSP, research, policy and training were considered.

Dr. Finian Fallon is an accredited psychotherapist. He holds a first-class honours BA in Counselling and Psychotherapy, a Masters in Addiction Studies and a Doctorate in Psychotherapy from DCU. He works in his private clinic (ABC Counselling and Psychotherapy) on Kildare Street in Dublin 2 and he also works as a psychotherapist for an organisation supporting survivors of torture and asylum seekers. Finian uses an evidence based integrative approach in his practice, and incorporates CBT and mindfulness perspectives in his work. He has a number of published academic works to his credit, including presenting at the BACP research conference (2013), and is interested in developing research that provides practical clinical benefits.

BHSC G06 (120) Julia McLeod, Richard Craven; *Pluralism Plus: Beyond Praxis in Mental Health Nursing*

In terms of identity Mental Health Nursing in the 21st Century is less at a crossroads and more on a roundabout. In a post-digital -some might say post change- global environment the authors/presenters call for further critical attention to be addressed to two fundamental areas. First the origins and breadth of the profession: Developments can be marked in several ways including the recommendations of the 1986 Cumberlege Report in England or novel approaches to psychological and pharmacological treatment of mental health conditions or psychological distress. Equally they could be measured against substantive and

unequivocal developments in collaborative approaches to MH Care evidenced through the work of many individuals and groups. What started as a substantively gendered, unskilled and ancillary role is now, at its best, a dynamic, collaborative, inclusive, reflective, compassionate and diverse one. Nevertheless, it can be argued that efforts to articulate the contemporary identity of mental health nursing, through research, textbook accounts and critical narrative, have failed to capture the distinctive attributes and contribution of mental health nursing as a professional specialism. Second despite the ubiquity of claims for evidence-based care, the profession often appears to be driven by a combination of custom and practice, to the point of being largely defined by the gaps left by our arguably better defined inter-professional partners in psychology, medicine, social work and occupational therapy. Based on pluralistic approaches to counselling, the authors propose an integrative theoretical framework which has the potential to underpin and inform mental health nursing practice into the 21st Century. Within the field of counselling, the concept of pluralism has been developed as a basis for a set of organising principles in which a structured process of collaboration, dialogue and shared decision-making between the client/service user and practitioner makes it possible to draw on the personal strengths and cultural resources of the client, through breaking down complex problems in living into a set of therapeutic tasks, each of which may be facilitated by different members of a multidisciplinary team. The paper concludes by briefly outlining the key skills and competencies associated with this way of working, and the types of practice-based research questions that are generated.

Julia McLeod is a senior lecturer at Abertay University. She is an experienced counsellor and psychotherapist, widely published in the counselling field, and has been closely involved in the development of pluralistic counselling – an approach that underpins the extensive portfolio of undergraduate and postgraduate counselling programmes within the University.

Richard Craven is a lecturer and programme lead for the undergraduate mental health nursing programme at Abertay. He is a Cognitive Behaviour Therapist and Motivational Interviewing Trainer with a longstanding interest in integrated approaches to health and social care. The presenters share a commitment to collaborative work with clients and patients and reject the dogma sometimes inherent in one-size –fits-all approaches. The success of pluralism in counselling education at Abertay has generated a critical collaboration on its application in mental health nursing.

BHSC G10 (150) Leanne O'Donnell, Kevin O'Shanahan, Iseult Twamley; *Recovery Stories: A Dialogic Community Group*

In summer 2017 a group of service users and mental health staff came together to share stories of recovery and hope (and hopelessness). The group was a collaboration between Psychology, Nursing, Mental Health & the Arts. Using dialogic principles (from Open Dialogue) a space was created of deep listening, transparency and reflection. We listened to all the voices between us and within us, verbal and musical. Working with a radio producer, we recorded the stories of our mental health journeys to date. And in that group and with our recordings, our stories got shared, and heard. In this dialogic workshop we would like to share the story of that group with you, and share our recordings also. We will talk about how the group developed, what it has meant to us, and what we have learnt in this process of focussing on our stories – not symptoms. We will discuss the practicalities of authoring our stories through recording. The challenge of learning to record and shape our stories in a way that reflected our truth. Playing with technology, learning skills, and taking control of our own stories - and the impact that has had. We would like to hear what our story means to you, and think together about how we take this learning forward.

Leanne O'Donnell is a multi-media producer and trainee psychotherapist. Leanne worked for a number of years with RTE Radio and BBC Radio. Most recently she has worked as a reporter for RTE's Arts programme *Arena* and as a documentary maker with RTE's award winning *Doc on One* strand. A particular interest in storytelling and mental well-being led her to produce 'Diving and Falling' - a documentary about Lucia Joyce, the daughter of James Joyce, and "Sounds Mad" a documentary about Jacqui Dillon's experience of hearing voices. Both projects won international awards and stimulated debate about received

ideas of "madness." Now training as an Integrative Psychotherapist Leeanne is particularly interested in facilitating people to tell their own stories and encouraging people to find their voice.

Dr Iseult Twamley; biography in page 3

Kevin O' Shanahan; biography in page 27

BHSC 1.01 (70) Speakout Theatre for Transformation; *Playback Theatre-When your Stories Can Come to Life*

This is an opportunity to reflect on both the conference theme and your experience of attending the conference. These reflections are brought to life in drama and music. The result has been described variously as magical, transformative, uplifting and fun.

Cork Playback Theatre began in November 2008 with 7 performers. Our first performance was in celebration of the 60th anniversary of the declaration of human rights. Since then we have performed for various community groups, schools and conference. We are interested in fostering creative dialogue through theatre and honouring the beauty in the everyday. Check us out on www.speakout.ie or on Facebook.

BHSC 1.02 (70) 'In Conversation'(Part 2)

See page 27 and 28 for abstract and presenters' details.

BHSC 1.22 (70) Helen Spandler; *A Not-so Critical Psychiatry Approach to ME/CFS?*

ME/CFS is a medically contested illness and its understanding, framing and treatment has been the subject of much heated debate and contestation. While critical psychiatrists and critical mental health activists have been outspoken against the dominant psychiatric approach to mental health problems, they rarely question the dominant psychiatric approach to ME/CFS. On the back of a recent paper which contested the psychiatric framing of ME/CFS (Spandler and Allen 2007) this presentation will explore and try to understand this silence. I will make a case for joint action and alliances between mental health and ME/CFS activists and for a more 'critical' critical psychiatry approach to this misunderstood illness.

Helen Spandler is a Reader in Mental Health in the School of Social Work, Care and Community at the University of Central Lancashire and Managing Editor of *Asylum: the magazine for democratic psychiatry* <http://www.asylumonline.net/>.

BHSC 3.02 (40) Karina Krawiec; "*Dubito ergo sum*" - *from a Critical Student to a Critical Practitioner?*

Every year thousands of new graduates in the UK leave mental health nursing programs to form a system called mental health care. Behind them – three years of university education where values and evidence do not collide, hope is to be promoted unconditionally, and recovery is all about choice and autonomy. Ahead – there is reality. The perspective of working in a society obsessed with productivity, consumption and healthy competition, in a profession that struggles with inferiority issues and with a crisis of identity. Furthermore, there is the expectation to be game changers, difference makers, and critical change agents. However, what kind of change and what kind of critical are concepts that seem relative, ambiguous, and confusing. This talk will look at:

- the experience of applying a critical perspective as a mental health nursing student: what it means, what it entails, and how it is facilitated and received at the university as well as in clinical practice.
- the interesting times we happen to start our careers in: politically, socially and professionally.
- the role of students in defining what mental health nursing should be about: the opportunities, traps and choices.

- radical or methodical, palace or grassroots revolution: the potential residing in the students' body, whether it is properly utilized and by whom.

Although this talk is a personal account, it would be great to know how it relates to the narratives of others.

Karina Krawiec; is a mental health nursing student, recently graduated from Glasgow Caledonian University. Former educational psychologist and youth worker in rural Poland, she spent the last 8 years being a women's rights activist and trauma worker, as well as a researcher, waitress, hostess (and many others) in the urban scenery of Glasgow. Her interests include co production, medical humanities and global mental health, as well as therapeutic values of nature and culture.

BHSC 3.03 (30) Hearing Voices Network Ireland; *Making our voices heard*

Hearing Voices Network Ireland (HVNI) was launched on April 2015, with its first Executive Committee being formed in June 2016. The Committee is currently made up of five voice hearers, one family member and one (now retired) academic. The HVNI AGM was held on 15 November 2017 and at the time this Book of Abstract went to print, the HVNI Committee may well have grown in numbers. In this workshop we would like to give you an update of the work that the HVNI Committee has been engaged in since it was formed in June 2016, and give an overview of the plans, share ideas, challenges and opportunities, for the years ahead. We also would like to hear what you think the HVNI should be doing to further its development and growth. We hope you'll come and join us.

Hearing Voices Network Ireland (HVNI) is one of over 20 nationally-based networks around the world joined by shared goals and values, incorporating a fundamental belief that there are many ways to understand the experience of hearing voices and other unusual or extreme experiences. It is part of an international collaboration between people with lived experience, their families and professionals to develop an alternative approach to coping with emotional distress that is empowering and useful to people, and does not start from the assumption that they have an illness.

17.00-17.30 Plenary Session

BHSC G10 (150) *Reflections on the Conference and ongoing work of the Critical Voices Network Ireland (CVNI)*

The plenary session provides opportunities to integrate the insights and initiatives of the conference and to discuss the on-going work of the CVNI.